Oral Hygiene

SEPTEMBER

Mellon Square, Pittsburgh, Pennsylvania. Greater Pittsburgh Dental Meeting will be dedicated to 75th Anniversary of the Odontological Society of Western Pennsylvania from October 23 to 25.

In this issue:

NO POLITICAL TALK IN THE DENTAL OFFICE!

You need *BOTH* to Clean and Lubricate

TRADE CLEV-DENT MARK

Handpieces should first be Cleaned with

SOLUBRI CLEANER

regularly to remove accumulated grit and dirt. Takes only a second.

and then Lubricated with

SOLUBRI OIL

to prevent rust and protect moving parts against wear. Assures smooth operation.

Serving the Profession since **1893**

The Cleveland Dental MANUFACTURING COMPANY

CLEVELAND 1, OHIO

Dependable ANACIN indicated after extraction

Comforts Patient and Minimizes Traumatic Pain After Anesthesia Wears Off

One of the most dependable ways to insure comfort after extraction is to give the patient two Anacin Tablets. When the anesthesia begins to diminish in effect, you can depend upon Anacin to minimize traumatic pain. Anacin is easy to take and is well-tolerated—cannot upset the stomach. Your patients will appreciate the pain-free procedure when you recommend and use Anacin. If you are not receiving Anacin regularly every month, request this service on your letterhead.

always **ANACIN**

WHITEHALL PHARMACAL COMPANY, NEW YORK, N. Y.

good news!

The Important Advantages of the Exclusive TRUBYTE BIOFORM VACUUM FIRED PORCELAIN PROCESS Are Now Available to you

Now, ALL the many important advantages of Vacuum Fired Porcelain are available to you in a popular selection of Upper and Lower Trubyte New Hue Anterior Moulds. ALL of these advantages are yours when you specify Trubyte New Hue Vacuum Fired Anteriors.

1. GREATER PORCELAIN DENSITY. . . more homogeneous, free from blebs, bubbles, voids, cloudiness or crystalline opacity.
2. GREATER STRENGTH. . . the densest, strongest and most vital porcelain ever produced.
3. SUPERIOR GRINDING. . . easily ground or altered without chipping, shearing or splintering.
4. SUPERIOR POLISHING. . . can be quickly polished by simple pumice ragwheel procedure to the original surface lustre. No reglazing is necessary.
5. NATURAL, LIFELIKE SHADES. . . accurate color reproduction, controlled translucence, fluorescence and opalescence, look natural under all light conditions.
6. IMPROVED PIN PLACEMENT. . . new pin angulation in line with greatest stress provides better retention and greater strength.
7. MOULD SELECTION RANGE. . . specially selected to meet all requirements for average cases from the original, world famous and professionally accepted Trubyte New Hue moulds.

in a Popular Selection of
the Most Widely Used Moulds
of TRUBYTE
NEW HUE ANTERIORS

8. ACCURATE SHADE SELECTION . . . a complete range of shades for every age and complexion . . . available in all twelve beautiful Trubyte Bioform Shades.

9. SHADE HARMONY WITH POSTERIORS . . . blend harmoniously with all vacuum fired porcelain posteriors, including Pilkington-Turner Posteriors, Trubyte 20° Special Posteriors and Trubyte Rational Posteriors.

10. GREATER PATIENT SATISFACTION . . . withstand mouthwear, will not deteriorate or change color, clean easily and do not accumulate mouth debris.

Your Trubyte Dealer and Dental Laboratory now have available for you a complete selection of these new moulds in all shades.

Write for your copy of the illustrated chart of moulds and dimensions . . . and a Trubyte Bioform Shade Guide, too.

Ask your Trubyte Dealer to show you the Mould and Shade Selector for Trubyte New Hue Vacuum Fired Anteriors . . . this beautiful prosthetic aid belongs at *your* chairside.

THE DENTISTS' SUPPLY COMPANY OF N. Y.
YORK, PENNSYLVANIA

The Publisher's CORNER

By Mass

No. 422

Memory

W. LINFORD SMITH, founder of this magazine, and a leading dental manufacturer, was a man of vast enthusiasm. It was characteristic of him, for example, in his manufacturer role to generate even more enthusiasm for a new product than the inventor of it. "Man, you don't know what you've got! There's a million in it. I'm glad you came to me. Let's get going. What are we waiting for? How much royalty do you want?" No wonder that inventors were sometimes dazed. According to the story books, life wasn't supposed to be like that. Inventors were supposed always to get the short end of it, to say the least. With Linford they never did.

His sparkling enthusiasm was not limited to manufacturing projects and similar big stuff. Linford loved to clap hands for people whose doings captured his interest—even when he knew he wouldn't participate a dime's worth. One classic example was

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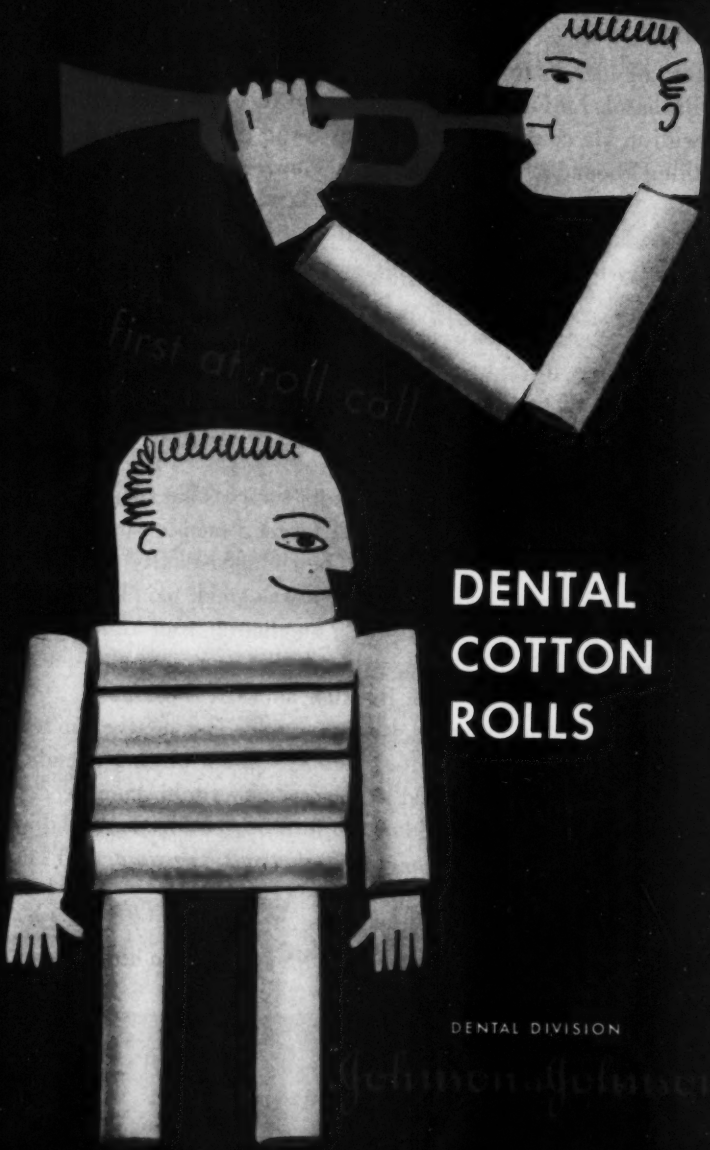
DENTAL
COTTON
ROLLS
DENTAL DIVISION

his enthusiasm for the newly-invented brushless shaving cream, Barbasol. Linford heard about it, sent for some, and fell in love with it. He could scarcely wait to get to the office and do something about it. Even before he sat down, he started dictating to his secretary a letter to the Barbasol people ordering 50 tubes. Then Linford compiled a list of 50 of his buddies around the country to each of whom was sent a tube along with a personal letter.

New contraptions were Linford's delight. Here in Pittsburgh, in the early days, he was the enthusiastic sponsor, or one of the sponsors, of the first automobile in town. He had something to do with the first, or one of the first, airplanes in town, too. Memory of both is dim.

But that isn't true of the memory course. We sure remember that one. After all, you shouldn't forget a memory course.

When Linford heard about it, he enthusiastically paid the tuition fee for everybody. The course was good, too. The fact that some of us still remember quite a bit about it after all these years proves that. For example, we can still remember the name of each of the teachers—Mr. Buckner and Mr. Dischman.

One day while Linford was busy with someone, the two teachers came to see him. Linford could see them waiting outside his office. The teachers stayed as long as they could, then departed. Finally, Linford's friend left. Linford buzzed for me. "Who were those characters loafing outside my office?" he wanted to know.

"Didn't you recognize them?"

"No. Come, come, who are they?"

"They are the memory teachers who taught you how to remember names and faces."

"Nutritional deficiencies often contribute to the etiology of dental disorders"

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VITAMINS AND MINERALS

CAPSULES

BALANCED NUTRITIONAL SUPPLEMENT
13 VITAMINS, 12 MINERALS

- **Economical—one capsule daily**
- **Oil-free for patient comfort**
- **Dry-filled, sealed, tamper-proof**

Write for additional information and Prescription Pad.

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AMERICAN CYANAMID COMPANY
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CARBIDE BURS

ASSORTMENT 36A . . . PRICE $47.60

You save $10.00 and get black plastic block free.

CONTENTS	**11 ROUND BURS**
	1 WHEEL BUR
	12 INVERTED CONE BURS
	12 FISSURE BURS
	36
	1 BUR BLOCK

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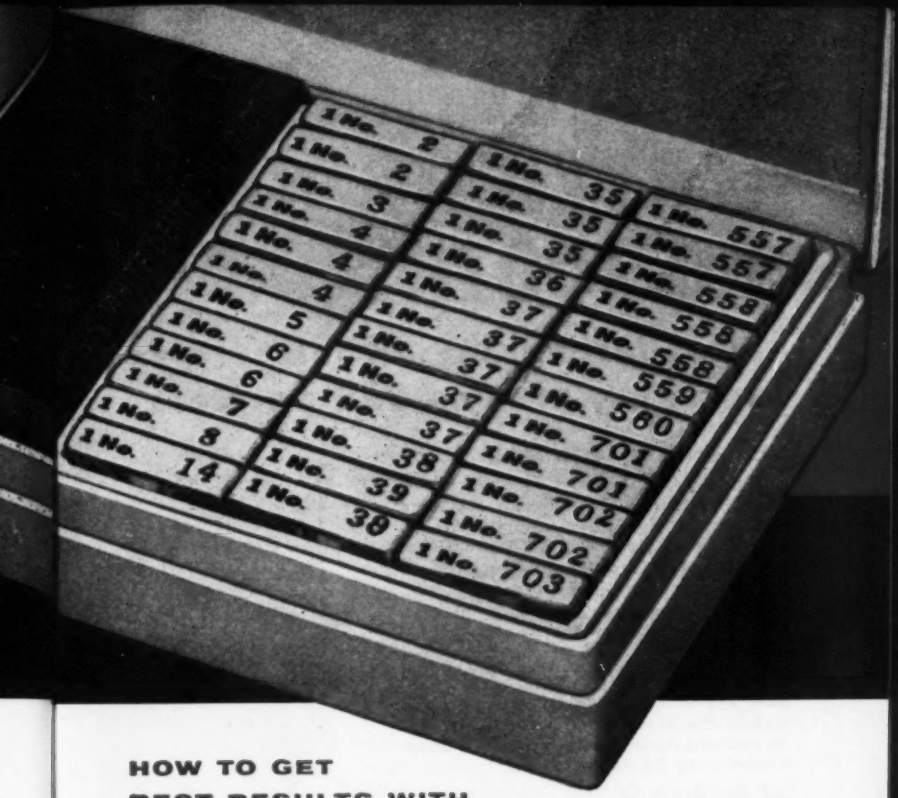
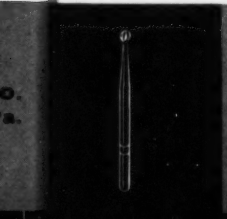
Philadelphia 5, Pa.



HOW TO GET BEST RESULTS WITH S. S. WHITE CARBIDE BURS

Use light pressure (1 lb. or less), and high engine speeds . . . Be sure the bur is revolving when it contacts the tooth . . . Do not reduce engine speed until bur is removed from tooth . . . For satisfactory sterilization use any of the following: boiling water—hot oil, 275° to 300° F—dry heat, 275° to 300° F—autoclave—cold sterilizing solutions based upon the action of phenolic compounds.

All these long lasting burs have Tungsten Carbide heads and chrome plated shanks and necks. Fissure bur blades helically cut for smooth, vibration-free cutting. Inverted cone blade corners are slightly rounded for added strength.



S. S. WHITE P-C CARBIDE BURS

Made for Page-Chayes handpiece, these burs are astonishingly efficient at ultra high speeds. Extremely light touch should be used. Limited line includes Nos. 2, 4, 6, 35, 37, 557, 701. Also available in a 36 P-C Assortment, containing 2 dozen plain and 1 dozen dentate burs, price $50.52.

NOW! JET REPAIR ACRYLIC IN NEW-HUE TOOTH SHADES

ideal for making all temporary facings, crowns and partials

EMERGENCY REPAIRS MADE QUICK

Available in all tooth shades, Lang's Jet Repair Acrylic enables you to produce the finest temporary facings, crowns and partials for your patients... and in a RUSH! Lang's Jet comes in Pink or Clear for repairing fractured dentures as good or better than new in minutes. Also ideal for making Orthodontic Retainers. Lang's Jet Repair is the only pure acrylic that self polymerizes in 5 to 8 minutes... cuts down tedious holding or clamping.

NEW JET DISPENSER is a real bonus plus feature, always ready and handy to use. It fits the neat and modern dental office. Insist on the original Lang Jet Repair Acrylic.

ask your dealer for our free technique and instruction sheet.

Just squeeze the bottle

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LANG'S self-curing REBASE ACRYLIC is FORMULATED FOR PATIENT COMFORT . . .

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Lang's Self-Curing Rebase Acrylic is formulated to reduce the burning sensation caused by self-curing monomers. Rebasing is done directly in the mouth, it's fast and easy to use.

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Advanced beauty . . . Advanced efficiency

Only SHELLEY gives the warmth and modern beauty of *natural* wood-grain exteriors in a wide selection of standard colors to *perfectly match* your chair and unit—colors that are protected against all stains for the life of the cabinet by the exclusive Color-Gard process.

And this beauty is yours in a cabinet with many exclusive new features designed to make your work easier, your steps fewer, your hours more productive—features such as free-floating wood-steel drawers that never sag or stick . . . a patented roll-back bottle rack that gives quick access to 12 flint glass bottles . . . heavy-duty ball-bearing casters that permit instant mobility for chair-side use.

Only at first hand can you fully appreciate the rich styling and advanced efficiency of this finest of all dental cabinets. See the *SHELLEY for 1956*—now at your dealer!

SEND FOR YOUR FREE COPIES of the full-color SHELLEY Catalog and new 16-page booklet entitled

"LOCATING, EQUIPPING OR REMODELING YOUR DENTAL OFFICE"

It contains valuable information about locating a new office, equipment and furnishings, and some good ideas on remodeling your present office suite. Just write "OFFICE" on your card or letterhead and mail to

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Start your young patients on a lifetime habit of good oral hygiene: **1.** Regular *office* visits for your prophylaxis and treatment. **2.** A *home* routine of regular toothbrushing. **3.** The use of a good cleansing *dentifrice*, such as pleasant-tasting IPANA.®

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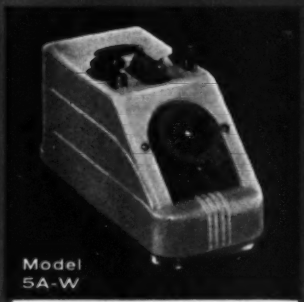
The Crescent WIG-L-BUG

(Patented)

FIRST successful electric mortar and pestle . . .

FIRST choice among dentists everywhere!



Model 5A-W

Model 5A-B

Only 7 to 10 seconds are required by "the wonder electric mortar and pestle" to produce perfect mixes of alloy and mercury. You set the dial; the Wig-l-bug triturates automatically, scientifically, uniformly, and quickly *every time*. The amalgam comes from the cartridge ready for the cavity. There is no need to mull, knead or spread in the hand.

Two models are available . . . the beautiful White Bakelite housing for only $60.50 . . . or the popular Black housing at $55.50. With either you will make better fillings, prevent waste, save time. It will *pay you* to get a Wig-l-bug soon.

Order from your Dealer or Direct

While many dentists prefer to use Cresilver—the alloy with 74½% silver (highest practical silver content on the market), or Silverloy, the white, lustrous alloy (that has been used in the mouth successfully for 55 years), the Wig-l-bug may be used with any alloy.

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convenient . . . controllable . . . accurate

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TRUPLASTIC

dual purpose

IMPRESSION PASTE

Longer working time *Shorter setting time*

You will find all of the best qualities of plaster and paste in new Getz TRUPLASTIC dual purpose impression paste. TRUPLASTIC sets hard and dry, and breaks clean without flaking. It is non-sticky. TRUPLASTIC will improve results in any technique for which a plaster or paste wash is indicated. Ask your dealer.

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The William Getz Corporation

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announcing...

EPIC

a new
approach to
dental health education
from the
makers of CREST Toothpaste

division of dental research *cincinnati 1, ohio*

THE PROCTER & GAMBLE COMPANY

An open letter to the dental profession about
THE EPIC DENTAL HEALTH EDUCATION PROGRAM

We believe that the future of CREST Toothpaste is linked directly to the reorientation of public thinking concerning preventive dentistry. That is, as people become increasingly interested in taking better care of their teeth, we believe that they will more actively, and with greater discrimination, seek and use the most promising preventive measures.

Therefore, this month Procter & Gamble will introduce a new dental health education program. The program will be extremely broad in scope. Educational material will be made available to the dental profession, to schools, and to civic groups; also, dental health messages will be directed to the public at large.

In concert with other dental health programs, we hope to help the profession constantly to increase public awareness of the benefits of complete, continuous preventive dental care -- at home and in the dental office. However, the major educational effort will be focused on overcoming the chief obstacle to successful preventive care: lack of patient co-operation. Thus, the new program is aimed at the Education of Patients to Increase Co-operation. We call it EPIC for short.

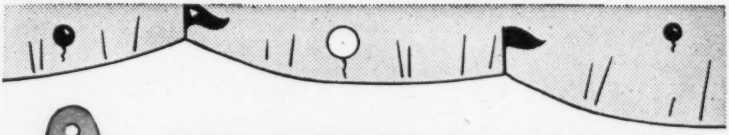
Information about the first phase of the EPIC program will be mailed to your office during the latter part of this month. Please watch for it.

Very truly yours,

R. E. Tenney

RET:ja

R. E. Tenney
Director of Professional Information



THE CIRCUS IS COMING!

LACTONA
Junior Toothbrushes
in Plastic Packages

9 New
CIRCUS FIGURES
IN FULL COLOR

A choice of three different Lactona Junior toothbrushes, in either genuine natural bristle or nylon textures, in decorated plastic packages, is available from September through December.

- PACKAGED IN ONE-DOZEN ASSORTMENTS
- 9 NEW AND DIFFERENT CIRCUS FIGURES
- SANTA CLAUS PACKAGES IN ONE-DOZEN UNITS

A fine Holiday remembrance for young patients. Ideal for party favors any time of the year, or for Christmas tree ornaments.

For complete discriptive circular, please write to

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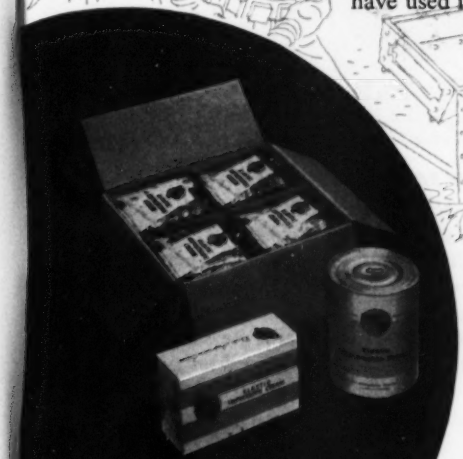
Only D-P Cream Can

offer you CHROMATIC TIMING—the built-in "go-signal" that eliminates guesswork!

D-P Cream with Chromatic Timing is *pink* during mixing. When it turns *cream color* you seat the tray. *White* indicates complete gelation. Your timing is perfect—guesswork eliminated! For SUPREMELY ACCURATE restorations no other material can equal Improved D-P. Once you have used it, no other material will satisfy you!



now available in... Standard 12-envelope package ... 25-unit bulk can ... 100-envelope carton.

greatest elasticity without distortion

The secret of Improved D-P Cream is the unequalled degree to which this material combines firm body with lively elasticity. Firm body eliminates fear of distortion, even in the critical peripheral areas. Lively elasticity eliminates the possibility of broken teeth!

plus these other important advantages

• Quick mixing to a smooth, creamy consistency. • Heavy, non-running body. • Ideal setting time • Clean, smooth stone or plaster casts with surface that is hard, not powdery. • Accuracy maintained over a long period without need for fixing solutions. • Consistent formulation assures consistently satisfactory results—case after case.

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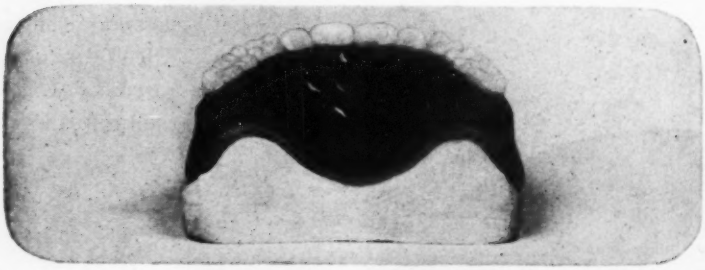
BECAUSE ONLY JECTRON NEVER



FIT OF JECTRON DENTURE AFTER 14 MONTHS

Returning for a routine check-up after wearing this Jectron denture for over 14 months, the patient declared that he was completely satisfied with the lasting service of the denture. His doctor—like hundreds of others—has discovered that in case after case Jectron gives full retention and comfort for a much longer period of time than any other denture resin. Reason: A Jectron denture maintains its shape indefinitely . . . the palate remains snug against the tissues . . . *retention is sealed in!*

SEND FOR FREE BOOKLET

Standard tests have consistently proved Jectron to be a superior denture material. For the complete story of Jectron's many advantages ask your laboratory for the booklet *"JECTRON—key to a more successful denture service."* Or write direct:

JECTRON

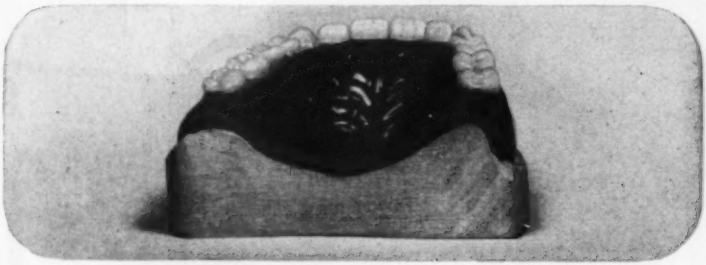
Company, 1009 Jackson Street, Toledo 1, Ohio

JECTRON is not an acrylic. It is a pre-cured polystyrene denture resin created through

DENTURES PROVIDE

RETENTION

SHRINKS, WARPS OR WATER-SWELLS



FIT OF ACRYLIC DENTURE AFTER 5 MONTHS

Less than six months after receiving this acrylic denture, the patient complained of general discomfort and loss of retention. After placing the denture on the master model it became obvious that warpage and distortion had caused the palate to lift, thus breaking the seal of retention. *This instability and loss of retention has been found in all dentures that contain acrylic.* Grinding and rebasing *might** improve the fit temporarily, but there is no assurance that the same situation will not re-occur.

*Leading researchers have shown that acrylic dentures again change dimensions when repaired or rebased. [1-3] Jectron dentures *never* change their original dimensions even when immediate dentures need rebasing.

1. Stanford, J.W. and Paffenbarger, G.C.: Processing denture base resins: heat curing type. J.A.D.A. 53:72; July 1956.
2. Stanford, J.W., Burns, C.L. and Paffenbarger, G.C. Self-curing resins for repairing dentures: some physical properties. J.A.D.A. 51:307; Sept. 1955.
3. Tuckfield, W.J., Worner, H.K. and Guerini, B.D. Acrylic resins in dentistry, Austral. J.D. 27:172; Sept. 1943.

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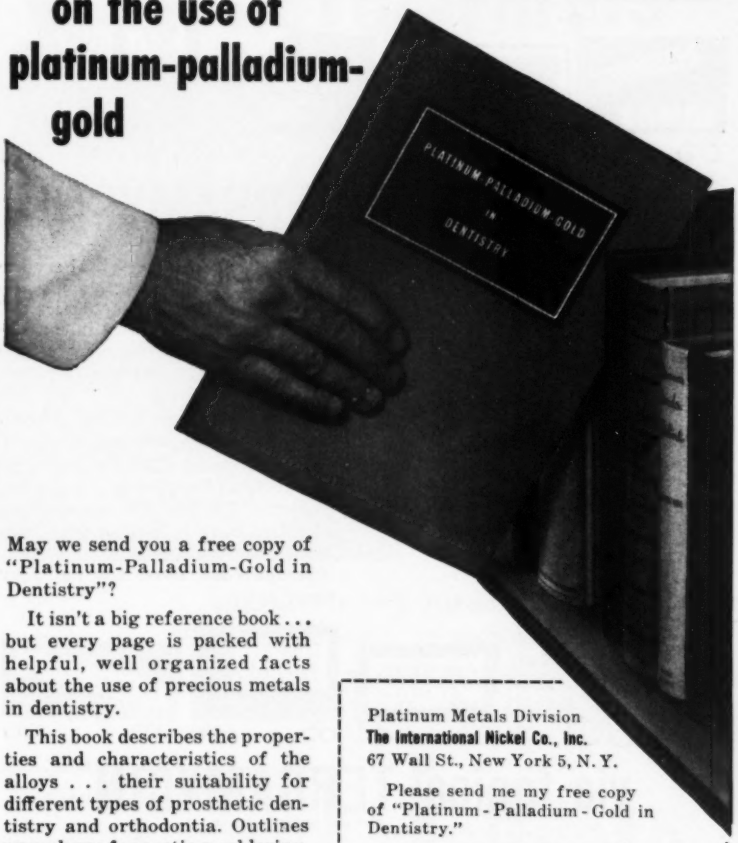
Only 40 pages, Doctor!

...but they give you a complete reference on the use of platinum-palladium-gold



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It isn't a big reference book . . . but every page is packed with helpful, well organized facts about the use of precious metals in dentistry.

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via systemic TERRAMYCIN®

BRAND OF OXYTETRACYCLINE

Rapidly effective against a wide range of pathogens commonly encountered in the mixed infections of the oral cavity. Supplied in convenient dosage forms for easy-to-take systemic therapy—without the need for injection.

Capsules: 250 mg., 100 mg., 50 mg.
Tablets: 250 mg., 100 mg., 50 mg.
Oral Suspension: 250 mg. per 5 cc. teaspoonful. Supplied in 1 oz. bottles.
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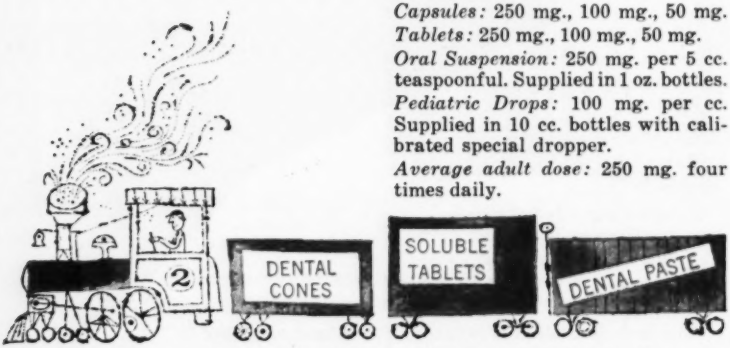
Average adult dose: 250 mg. four times daily.



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BRAND OF OXYTETRACYCLINE

TERRAMYCIN topical dosage forms are easily adaptable to the usual dental office techniques. Cones may be crushed or used whole. Paste is applied directly to the area involved. Soluble tablets can be incorporated into packs, paste, or irrigating solution.

Dental Cones: 5 mg.
Dental Paste: 30 mg. per Gm.

Dental Department Pfizer

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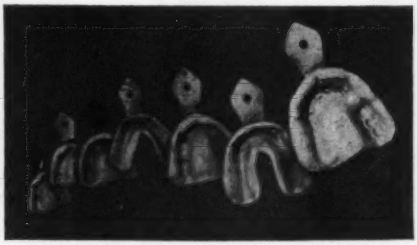
its accuracy never varies



. . . from impression to impression

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Introduced in 1952, Jeltrate quickly won professional preference. Its unchanging performance continues to merit its acceptance. More dentists use Jeltrate than any other impression material.

Ask for a demonstration of

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Combines the dependability of hydrocolloids with the convenience of Jeltrate. Contrasting pink color.

Jeltrate

For modern materials call on CAULK Milford, Delaware

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ANATOMICAL

EXTRACTING FORCEPS

— *a scientific achievement*

Research in tooth extraction has proven that the efficiency of a forcep depends largely upon the construction of the beak, and has revealed that unsatisfactory results are frequently due to faulty beak design.

Hu-Friedy *Anatomical* forceps have been designed by distinguished authorities in oral surgery. The anatomical design of the beak conforms with the anatomy of the root—thus avoiding contact with the crown and eliminating undesirable conditions frequently created by other designs in general use. The result: *forceps that extract teeth skillfully and easily.*

Hu-Friedy forceps are made of Immunity steel—high carbon, high chromium, rustless. *Anatomical design* is a basic principle in their construction. The enthusiastic acceptance of these forceps by the dental profession extends over many years. In addition to the forceps illustrated, Hu-Friedy Anatomical Forceps are made in all standard forcep designs.

Order from your dealer with the understanding and confidence that *Anatomical* forceps and all Hu-Friedy instruments are fully guaranteed for efficiency and for the highest standard of quality in materials and craftsmanship.

Request our catalogue, "Dental Art"—Complete line of anatomical forceps and other instruments.

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New R&R AQUA-PAK

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assures a perfect casting every time!

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Write for technical literature.

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individualized pain control
for every dental need

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due to toothache, gingival irritation,
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...plus effective control of histamine reactions

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CORICIDIN FORTÉ CAPSULES for intensified pain following multiple extractions and elevation of mood after general anesthesia.

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CORICIDIN® MEDILETS® (no caffeine) tasty form for children, especially when tooth eruption is painful.

...*and when infection threatens,* CORICIDIN with PENICILLIN TABLETS.

°Narcotic for which oral Rx is permitted. CR-J-1194

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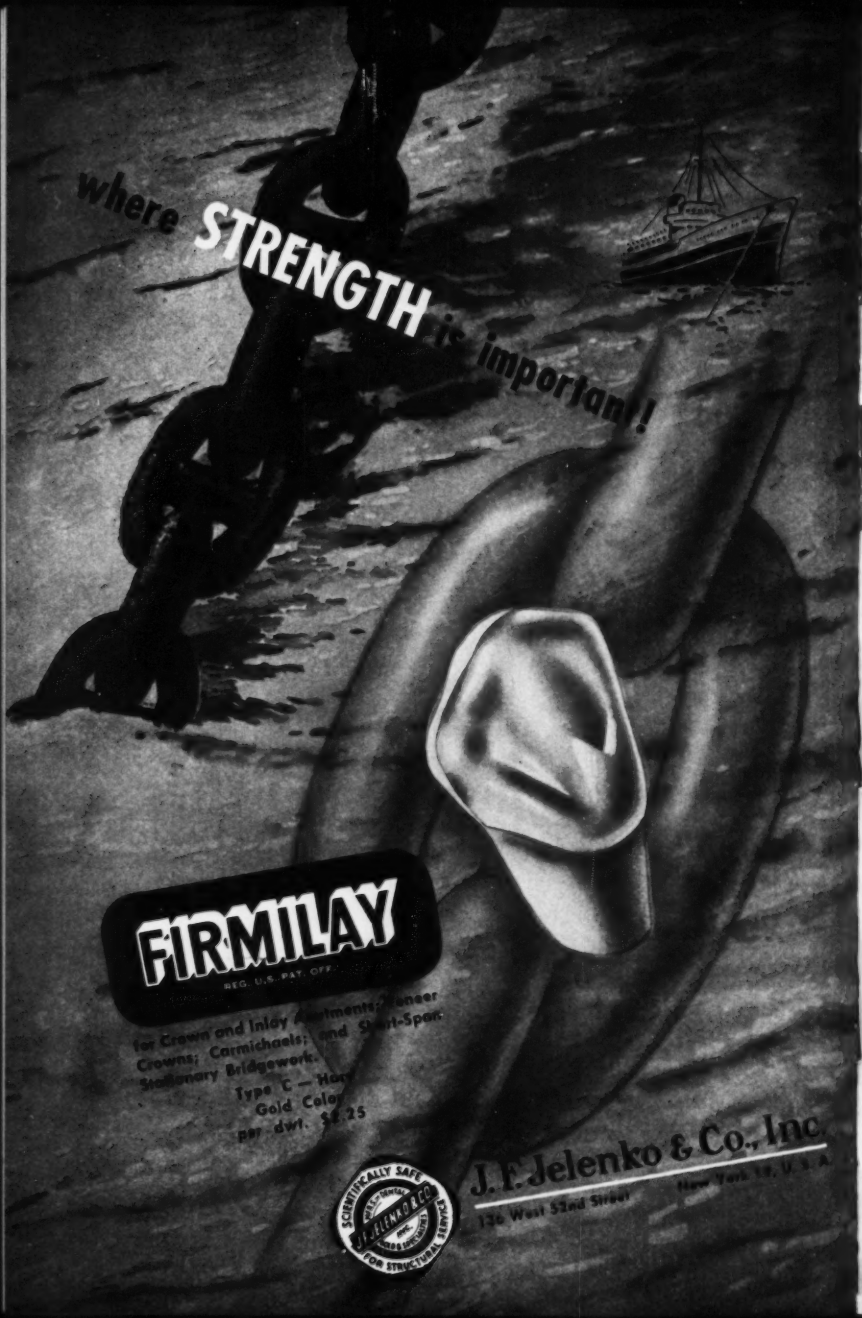
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VOL. 46, NO. 9 **Oral Hygiene** SEPTEMBER 1956

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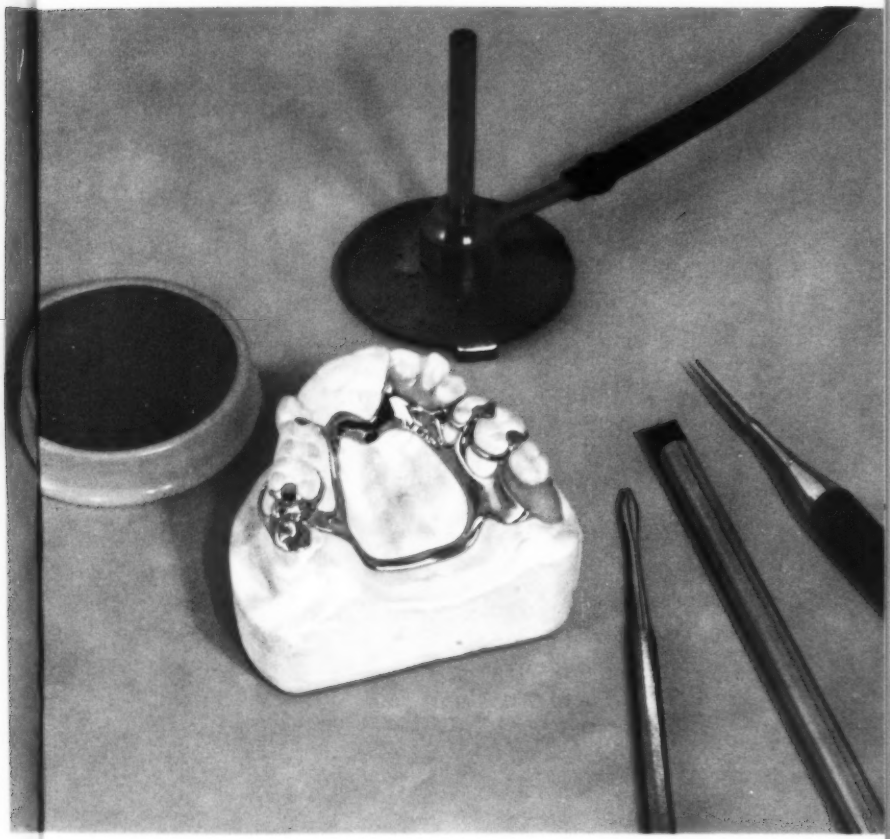

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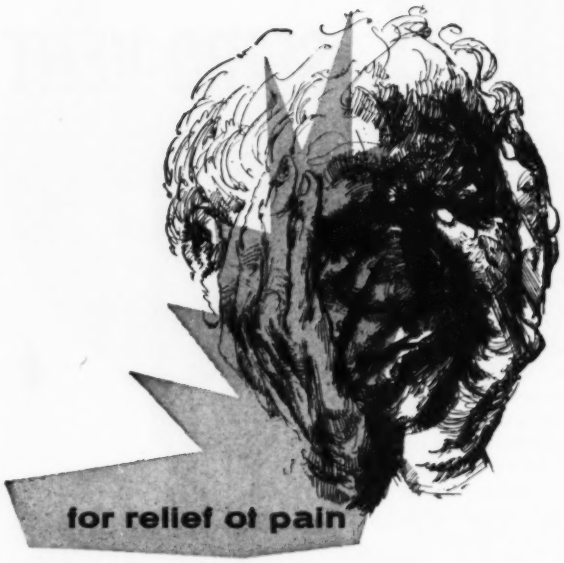

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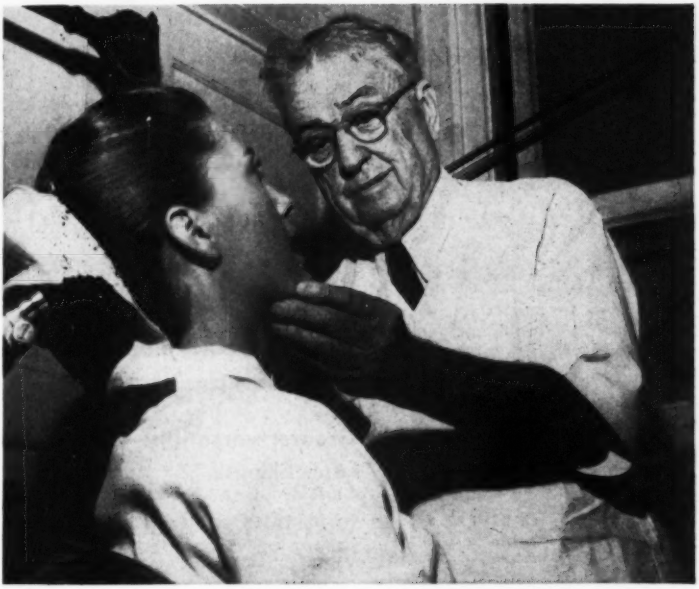
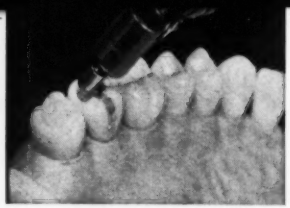


DOCTOR Arthur T. White has given 65 of his 87 years to the practice of dentistry, forty-six of them in the Parkway Building, Pasadena, California. He graduated from the University of Indiana in 1892 and served as President of the Indiana State Dental Association in 1907. Three years later he and his family made their move to California. Doctor White concedes that he does not push himself as hard as he used to but, as the picture testifies, "I still do a good day's work."—*Photograph by Pasadena (California) Star-News.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*



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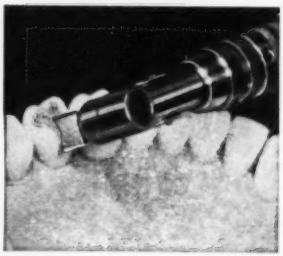

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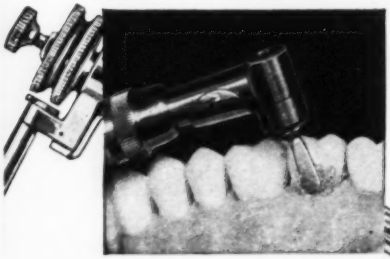

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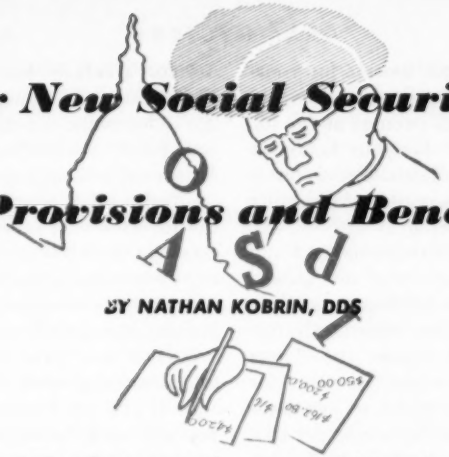


BY NATHAN KOBRIN, DDS

A trustee of the Congress of American Dentists for OASI reports on Social Security developments as they relate to self-employed dentists.

THE 84th CONGRESS expanded and improved the Social Security system and extended coverage under the law to self-employed dentists, lawyers, osteopaths, and members of four other professions. This legislation was signed by President Eisenhower August 1, 1956, and coverage is effective with taxable years ending after 1955. All workers and self-employed persons, with the exception of physicians and certain government employees, are now participants in the new Federal Old-Age, Survivors and Disability Insurance program. Through the recent amendments to the law over 79,000 dentists actively engaged in private practice as of January 1, 1956, are members of the OASI program since that date and, consequently, have begun to build for themselves and their families the protections the law provides. It would be advisable for the dentist who has never applied for a Social Security account number to secure one at his local Social Security district office. If you had a number and misplaced it you should secure a duplicate of that number for use when you file your tax return due April 15, 1957.

OASI—WHAT IT IS: Under terms of the new legislation OASI gives protection for you and your family based upon your earnings as a practicing dentist. Your regular Social Security tax contribu-

*This article is appearing simultaneously in ORAL HYGIENE and the *Iowa State Dental Bulletin*, and was prepared by Nathan Kobrin, DDS, of the Congress of American Dentists for OASI, in cooperation with the Commissioner of Social Security, Washington, DC.

tions provide the income for yourself and your family, if you should retire at age 65 (women at age 62, optionally), or for your family in case of your death. Provision is now made for payment of disability benefits beginning at age 50. The tax rate for self-employed is 3 and 3/8 per cent of your net annual earnings up to $4200, as stated on your income tax return. Of this last-mentioned figure, the 3 per cent constitutes the premium for the old-age and survivors insurance provisions; the 3/8 of one per cent is for the new total disability protection. Schedule C-a of your income tax return Form 1040 should be used for filling out and computing your Social Security tax.

BASIC SOCIAL SECURITY DATA: 1. The tax rate for self-employed dentists is 3 and 3/8 per cent of net dental income of $4200 or less. Earnings above the $4200 level in any year are not covered by Social Security.

2. The amount of benefit payments depends upon the amount of your average earnings up to $4200 in a year.

3. The amount of monthly payments to your family depends upon three things: your earnings, the number of your dependents, and the age of each member of your family.

4. To qualify for monthly benefits for retirement, or for your survivors to be eligible for payments in case of your death, you must be covered under the Social Security Act for a certain length of time. The number of "quarters of coverage" determine whether you or your family are entitled to benefits. A covered self-employed person is credited with 4 quarters of coverage for each year in which his net earnings are $400 or more. Under any circumstances the least number of quarters necessary to obtain benefits may be six quarters.

5. You may earn needed quarters of coverage after you reach 65.

6. If you are now in the sixties, you will need, in order to be fully insured, the quarters of coverage shown in the accompanying box.

(Younger persons, and others to whom the foregoing special provision is not applicable, may become fully insured by acquiring a number of quarters of coverage equal to half the number of calendar quarters elapsing after 1950 and before the quarter of attainment of age 65 or of death, whichever occurs first, with a maximum requirement of 40 quarters of coverage.)

7. The amount of your retirement benefit is computed at 55 per cent of the first $110 of your average reported monthly earnings (your net income up to $4200 a year from your profession divided by twelve) plus 20 per cent of the next $240. A qualifying wife, unless she begins to draw benefits between the ages of 62 and 65, receives in addition one-half the amount of her husband's benefits. Retirement checks to a dentist and his wife may range from $45 to

$162.80 per month. Survivor family benefits may range from $30 to $200 monthly. The maximum any family may receive is $200 per month.

8. Persons who have served in the Armed Forces and who have other than a dishonorable discharge may receive Social Security credit for service from September 1940 through 1956, provided this service is not counted toward any other federal benefits except those payable by the Veterans Administration. Regular OASI contributory coverage is extended, beginning January 1, 1957, to members of the uniformed services on active duty (including active duty for training), with contributions and benefits computed on their basic service pay, up to $4200 per year.

9. Upon the death of the insured a lump sum payment up to $255 may be payable regardless of the eligibility for any monthly payments.

10. An application for benefit payments always must be made before benefits can begin.

11. Upon retirement you may earn as much as $1200 a year without jeopardizing your monthly Social Security check. Above this amount you run the risk of losing it for some or all twelve months, depending on how much you exceed $1200 a year and in what months you render substantial services. This is predicated on the principle that one cannot be working substantially and retired at the same time, just as one cannot draw unemployment and salary pay simultaneously. At age 72, however, this restriction is lifted and you are permitted to earn as much as you can or care to without loss of your retirement checks.

12. A widow and children of a young dentist who dies are entitled to the benefits the law provides, if the dentist has Social Security credits for at least one and one-half years out of the three years just before his death.

13. Disability benefits are a new phase of the OASI program. These benefits may be paid to persons between the ages of 50 and 65 who meet specified work requirements and who are under a disability.

Age in 1956	Attains 65 in	Birthday in quarter			
		January	April	July	October
65 or more	1956	6	6	6	6
64	1957	6	6	6	7
63	1958	8	9	10	11
62	1959	12	13	14	15
61	1960	16	17	18	19

The term disability is used to mean inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment, which can be expected to result in death or to be of long-continued and indefinite duration. Disability benefits are figured in the same way as old-age insurance benefits.

14. An employed woman at 62 can elect to receive retirement checks at any age. But the wife of a working husband must wait until he is 65 and begins to receive his old-age insurance benefits, before she becomes eligible for payment.

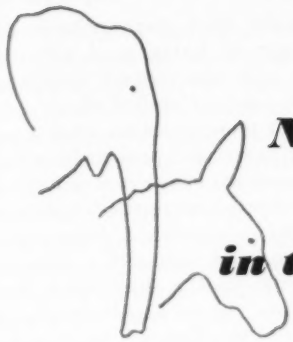
OPERATION OASI: A. Doctor Y is now 62. He will attain 65 in 1959—three years after his self-employment first became covered under the newly amended law. If his birthday is before April 1, he will need to have a quarter of coverage for each of the twelve quarters elapsing after 1955 and up to the quarter in which he reaches 65. Then he will be insured for old-age benefits, even if he does not elect to retire at this time. For death benefit purposes, however, Doctor Y would be insured as early as April 1957, because he would have met the minimum requirements of six quarters of coverage. Then survivors benefits would also be paid to certain of his dependents.

B. Doctor Z entered OASI January 1956, has a wife and child, continuously engages in private practice, earns $4200 annually, and pays his Social Security taxes. When will be the earliest date Doctor Z's family becomes eligible for OASI benefits should Doctor Z die? Answer: After Doctor Z has credit for six quarters of coverage, if death occurs prior to October 1, 1957.

C. Five year dropout. Ordinarily benefit amounts are based on a person's average earnings in employment or self-employment covered by the law after 1950. If all of the time elapsing after 1950 were used in figuring this average, self-employed dentists newly brought into the Social Security program would have five years of non-covered earnings counted against them. The amended law permits the dropping of these five years regardless of the number of quarters of coverage a person has. A self-employed dentist who qualifies for benefits will therefore be able to average his earnings over the years after 1955 when he was covered by the program, and hence come up with a higher total benefit.

D. Last year a young dentist friend of mine, 51, was having some guests in for dinner. They had had cocktails and he excused himself after a while to go upstairs. A few moments later there was a heavy thump on the floor. Twenty minutes later my friend was dead. He left a widow, an eight-year-old daughter, and an estate estimated at $25,000. Fortunately he was not a self-employed dentist; he was an employed practitioner. From the

(*Continued on page 1104*)



No Political Talk in the Dental Office

BY M. A. PATRICK

You will be wise to steer your conversations with patients away from this sensitive subject.

THIS FALL the fate of local, state, and national political figures will be decided by a variety of related and unrelated issues. Dental patients will have a hand in these developments, but regardless of how they individually feel about the qualifications of candidates one fact is clear: the choice of elective officials will not be made in dental offices.

While this is obvious, comments on the progress of the battle for votes will insist on edging their way into the chair-side conversations right up until November, and present even the most alert dentist with an important challenge. Unlike the weather, the subject of politics invariably stirs up deep-seated convictions, which is exactly the reason dentists who understand human nature will studiously avoid expressing their own views or inviting opinions concerning candidates.

It is a policy that applies even in the case of the patient whose thoughts parallel those of the dentist, and who is anxious to go to work tearing down one aspirant while verbally raising the opposing nominee to a high pedestal. The reason, of course, is simple. While it is flattering to have others agree with your views, it is a pleasure paid for in time consumed and in the physical and mental distraction from the dental operation of the moment.

One Eastern dentist has reduced to simple mathematics the loss that accompanies the mixing of political convictions with dental office small talk. He has figured that even a five-minute political discussion with only one out of four patients reduces productive chair time several hours in a week.

Considered from still another angle, it will be found that on a national level the approval given a winning candidate usually is represented by approximately 55 per cent of the total number of votes cast. From this rough estimate it will be seen that every other patient is likely to hold opposing political views. Even in sections where political differences are not so evenly divided there will still be partisans advocating the election of candidates of each major political party.

You Can't Win

Dentists who follow the not-so-modern Western pictures on television probably have noticed in some of the barroom scenes a framed notice reading: "No Political Or Religious Discussions Allowed." The real life proprietors of these establishments realized that such subjects cannot be "talked" about. Even when introduced with disarming calmness the fire of conviction soon leads to the abandonment of all rules of debate. But even should the discussion remain on an apparently friendly level there remains the danger of losing good will that has been won through months or even years of studied effort.

For those occasions when a patient insists on expressing his political opinions one veteran dentist has developed a near-perfect technique to aid in avoiding a direct reply. When faced with such a situation he calls upon a story which may or may not be based entirely on facts: "Mr. Patient," he remarks, "my father and the man who stood up with him at his wedding were inseparable friends. Then when I was still a youngster these two apparently level-headed fellows took opposite views during a local election. As I have been told the story, the two got into a heated discussion that ended when my father's 'best man' walked out of the house and never returned. Each man was too proud to take a step toward repairing the breach, so both lost a valuable friendship." After an intentional pause the dentist then adds, "Because of this I find it best to pass up politics when talking with patients. I don't want to risk the loss of good will and the friendships I have developed through my professional practice." Invariably the patient agrees that this is sound reasoning, and his attention is then easily diverted from a difficult subject to the dental needs that brought him into the office.

The dentist who lacks the ability to tell a story interestingly and

with conviction may brush aside political comments by laughingly remarking, "When it comes to picking winners I'm about as reliable as the '48 polls," and then quickly follow up the admission with some pertinent remark about the patient's dental health.

Another plan to side-step safely dangerous or tricky conversation during an important election year is to claim, "I don't want to change the subject, but before I forget I would like to explain . . ." Then the patient may be informed about some phase of a dental operation that will require him to concentrate on that rather than on election developments for the balance of the appointment period.

The dentist who is on guard will get by the current electioneering season successfully despite the differing political beliefs of his patients. Because time, dollars, and his prestige, are at stake he will leave the election of political candidates to be decided at the voting booth.

1007 *North 64th Street*
Philadelphia 31, *Pennsylvania*

SOCIAL SECURITY MIRAGE

MANY physicians have been thinking they may soon be able to get *voluntary* coverage under Social Security, but according to Marion B. Folsom, who should know, optional Social Security for physicians is out of the question.

"It is not actuarially sound," says the Secretary of Health, Education and Welfare.

More than that, it is not politically likely. "Never in a million years would Congress pass a bill giving this special privilege to self-employed physicians," one influential Congressman has remarked privately.

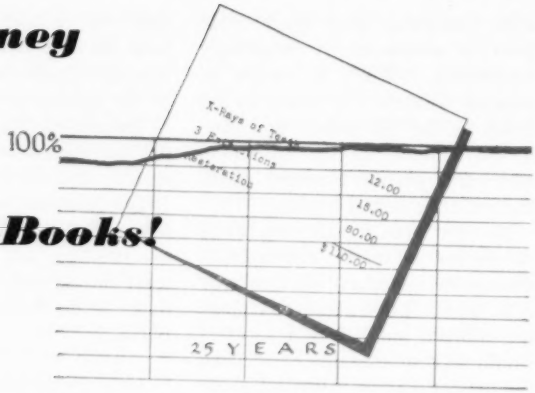
On the other hand, Congress hesitates to thrust *compulsory* coverage on the medical profession. "If doctors choose to remain excluded," says Secretary Folsom, "I have some doubts whether they will be forced in against their will."

This leaves the decision squarely up to you. You can get compulsory coverage, if you want it, or you can get nothing at all. There is no middle course.

If you have not done so already, you will soon be voting in various Social Security polls. A few state medical societies held such polls last year; most of the rest will be holding them soon, at the American Medical Association's request.

These votes will be meaningful only if the mirage of voluntary coverage is banished both from the pollsters' ballots and from the physicians' minds.—*Editorial, Medical Economics.*

No Money on the Books!



BY ANOTHER RETIRED DENTIST

A DENTIST wrote an article for ORAL HYGIENE telling how he retired after 32 years in practice and now enjoys an income of $7500 a year.[1] That is good management by any standard.

I should like to add a note, speaking as another retired dentist, to say that when I discontinued practice after 30 years I did not have a single dollar of uncollected accounts outstanding! No, I did not run a cash and carry business. Neither did I have any sandbag methods of collection. I did *not* practice in Utopia, USA, or in a community of saints.

You're asking: Do you mean to say that in 30 years of practice you never lost a dollar? No, I did not say that. I said that when I hung up my handpiece I had no uncollected accounts on my books.

In the first 25 years of practice I lost about $2500. That is $100 a year on the average, and that includes the years of the Great Depression. I wrote these amounts off and forgot about this money that was due. The five years before retirement I lost nothing, not a penny. In the recent years of prosperity all dentists have had better collection experiences, but mine were 100 per cent.

I am taking too long to come to the point. You wish to know how this 100 per cent record was achieved.

First off, I never used any "selling" methods or strongarm collection tactics. I examined every patient as carefully as I could and let *him* (or her) tell me something about himself and his attitudes to dental care. Some people are afraid

[1]Financial Rewards of a Lifetime of Dental Practice by a Retired Dentist, ORAL HYGIENE **46**:165 (February) 1956.

One aspect of experience reported after thirty years of dental practice.

of being hurt. Some are afraid of being cheated. Some think that they will be unable to afford treatment. Give patients time and they will all tell you what they expect and what they do not want. I tried to hold my tongue in speech until after the patient had used his tongue to express himself.

Unless there was some pain or emergency concerned I took my time to arrive at a treatment plan. I tried to avoid snap diagnoses and made an effort to study each case over a period of several appointments. That was good discipline. It kept me from making too many mistakes. (I made enough anyway!) Suspending judgment is a good way to let your diagnosis ripen and mature. It also gives you a chance to know the patient, his needs, and values.

After a treatment plan was made I took plenty of time to explain it to the patient. I encouraged him to ask questions. We tried to have a meeting of the minds *before* any treatment was undertaken. And a meeting of the minds included an understanding, full and clear, of the cost involved.

Even if the patient didn't ask "How much?" I told him anyway if the total amount involved was more than $25. For *all* prosthetic services *everybody* was told in advance the cost of treatment. Even if the patient was well to do his obligation was mentioned to him.

You have probably made the same observation that I made over 30 years—many people are hesitant to ask the cost of dental treatment, but everybody wants to know and will appreciate this information. That goes double for the wealthy! The people in the upper income brackets are frequently more price-conscious than are the less opulent. If you tell every patient before treatment what he is expected to pay, there is little chance for misunderstanding. Even patients of long-standing loyalty to you should be told the cost of any unusual service.

Merely *telling* some people is not enough. You have to write it down. The dentist can hand the patient a memo of estimated cost or he can write him a letter. I tried both and never noticed any difference in the result.

There are dentists who seem to think it beneath their dignity to mention money affairs to their patients. I have always been suspicious of the pious frauds who spread this word: "Give the patient the service and the fee will take care of itself." That is deceitful bunk! The public is not discerning enough to place the proper valuation on dental service. If dentists allowed patients to set fees every DDS or DMD would shift his vocation or end his career on relief. Any businessman who says, "Pay

me what you think it is worth," either cheats himself or arouses suspicion in his customer. Either way points to bankruptcy.

There are a few people that I have met who talk big to dentists when they tell them: "Fix me up right. Cost is no object." Beware when you run into one of these exceptions. He is either a phony or a case-in-a-lifetime—usually a phony.

When the dentist himself is a buyer of anything he wants to know the price. When he steps into the role of seller he should expect that his patients have a similar interest in the price. Call it "the fee" if you prefer.

Have an Understanding

Prompt collections after treatment result from an advance understanding of the service to be rendered and the money obligation that is involved. Most dentists with money on their books and unpaid accounts have themselves to blame. They did not have a meeting of the minds with the patient before treatment was begun. If good ethics implies fair dealing, which it does, it is unethical not to inform the patient of his obligations.

When the dentist tells his patient the total amount involved in the transaction, that is the proper time to ask him his preference for payment. Some people want to pay as treatment progresses. Some prefer to receive a bill the first of every month. Some expect to pay when the services are completed. A few pay in advance — bless them!

When the patient elects a particular form of payment *write it down on the record* and be certain that he follows the agreement. If it is "pay as you go" see that payments are made according to schedule. If payments are to be made monthly, see that bills are sent the first of the month and paid by the 15th. If it is "payment on completion of services" be certain that a credit report is received in advance of treatment. Whatever form of payment is determined, be sure that you know the place of employment of the one who is responsible for the account.

Dental treatment is a professional service where knowledge, skill, and judgment are involved. Treatment should be given that is best for the patient. Judging what should be done and how is an exercise of professional competence. Deciding what should not be done is equally important. People must be taught to know that a dentist does not suggest a form of treatment unless it is for the welfare of the patient. There should be no "selling" of the unneeded service in a professional atmosphere—even if it means a substantial fee to the dentist.

Dental business is the way the dentist makes his living. His management methods should be as precise as his technical skills. There is nothing incompatible between a skillful dentist and sound business management in the dental office. In

fact, either one starves without the other. The accomplished dentist who is indifferent or casual in business affairs sinks into a morass of debts and disappointments. He is not doing right by his family or himself. The skillful dentist who practices sound business as well as sound dentistry can afford to improve himself by attending professional meetings and can supply himself with the best tools of his craft. He can give his family and himself the advantages and some of the luxuries of life. The successful dentist is a better all around man—or so he should be.

If this is a plea, and I guess it is one, it is to alert dentists to the dual nature of dental practice: the professional side and the business side. Do whatever you can to improve your skills and raise the standard of your services. Study, be constant at meetings and clinics, participate with your colleagues. Be equally diligent in your office management. Collect your bills and pay your own promptly. Have a savings and investment program.

Let it be said of you: "He is a good dentist and a good businessman."

THE COVER

OUR COVER this month honors the Greater Pittsburgh Dental Meeting, which will be the 75th anniversary meeting of the Odontological Society of Western Pennsylvania, to be held from October 23 to 25. The photograph shows the attractive new Mellon Square with the Penn Sheraton Hotel and the Alcoa Building in the background and a spacious underground garage below. President of the society is Doctor Charles Oakley. Reservations for the annivarsary meeting may be made by writing to Doctor Homer D. Butts Jr, Secretary, 206 Jenkins Building, Pittsburgh 22, Pennsylvania.—*Photograph by Harold Corsini.*

"SUB DENTISTRY"

ALTHOUGH they are not dentists, certain key workmen on atomic submarines use dentists' drills and mirrors. They are shipyard chippers, in Groton, Connecticut, usually pictured as beefy characters swinging heavy hammers to cut apart sheets of welded steel.

A little more delicate technique, however, is needed on the precision job of removing excrescences or bumps left by the welders, who themselves operate with surgical precision joining the piping of craft such as the *Nautilus* and *Seawolf*, atomic submarines.

For that procedure, the chipper uses a drill identical with that employed by a dentist, and a dentist's mirror comes in handy when work has to be done on the far side of a pipe.—*Dixon (Illinois) Telegraph.*

Arranging Appointments on Your Telephone

BY J. JESS KLUBOK

YOUR PATIENT calls your office on the telephone because:

1) he has been referred to you;

2) he has been postponing calling you (he hoped his problem would take care of itself);

3) he is due for a routine checkup;

4) he needs dental advice before his problem becomes more serious;

5) you suggested he call you if he had any questions; and

6) his pain or confusion is so great he needs your attention immediately.

In arranging these appointments, your secretary has to plan a schedule. She has to organize. As she does so, she must consider your availability, your time, the nature of your patient's problem, and the time needed to explore and discuss the problem.

Frequently, your patient asks to see you at a time to suit his convenience. When your secretary is under pressure, she sometimes says:

"Sorry, we can't take you then. We're booked solid."

That is, of course, when your patient-load warrants such a response.

Some secretaries turn your patients away by asking: "Is this an emergency call?"

Your office has no right to assume, in the ordinary making of an appointment, that any patient wanting to see you or talk to you is not faced with a problem, which to him is anything other than emergency in character.

You do not want to give your patient the idea you are hard to reach, or that you are so busy you have scheduling problems.

Your patient, worried, fearful, uncomfortable, and anxious, cannot be expected to be interested in your problems.

When you wish to schedule your patient at a time convenient for you,

Your patient's time and needs deserve your courteous consideration.

your patient needs a decent, satisfying explanation.

The making of these appointments calls for great tact. Here is an area in which you can truly show how sensitive you are in your patient-relation policies.

You may think the explanation that I am disapproving of, "Sorry, we can't take you then. We're booked solid," or any variety of it, is convenient, crisp, clear. You could reason that it leaves your patient with the impression you are seeing many people, you wouldn't be seeing these people if they were not satisfied: therefore, your patient will be more than glad to conform to your schedule.

This type of reasoning is a two-edged sword. The growth of your practice can be damaged more than it can be fostered. Besides, you are putting your profession's public relations in jeopardy.

Remember: how your patient is impressed with the way you arrange to see him predisposes his immediate and future satisfaction with your service.

How can you, then, use this initial relationship with your patient to advantage?

Think of a more substantial manner in which to approach this problem. Emphasize your patient's needs. First of all, respect his time. This does not mean to capitulate to his whims. When your patient asks for a time, and your assistant cannot, for any reason, see herself scheduling him for that time, she must indicate the reason for the "asked-for" time being unavailable.

Then she should try to steer your patient in another direction by giving him a choice of two more available times in your appointment book, for example:

"Can you possibly make it at 3 o'clock Thursday afternoon, or Friday at 10 o'clock in the morning?"

This, at least, indicates that your patient is given a choice rather than being told by your secretary:

"I can't take you at 3 on Thursday afternoon."

If your aide has to blame anything or anyone in not granting an "asked-for" appointment, she should tactfully blame your other patients:

"Another patient is scheduled for that time, Mr. Green, and Doctor Cameron cannot do justice to your problem then. Can you make it ————?" and your assistant presents some alternative times.

"We are Reserving Time"

Instead of the word "appointment" the words "We are reserving time" are being used with success today.

This might be considered a tangent on semantics. Yet, in many

ways, it is the words you use and how you use them that gives your patient his feeling of confidence in your handling of his problem.

The idea of having you *reserve time* in your office carries with it a more private and personal tinge. When your patient calls and asks to see you at 3 o'clock on Friday and your appointment book is filled, your aide replies, taking the time mentioned by the patient as her springboard:

"Three o'clock on Friday afternoon is reserved; Doctor Cameron is doing minor surgery;" or "That time has been reserved by another patient."

Then your assistant leads your patient into a more suitable time for your office by saying:

"Can we reserve Thursday afternoon at 3 o'clock or Friday at 10 in the morning for you?"

Be Consistent

Unless there is an emergency involved—and you will have no trouble discerning it— your patient has to respect the principle of first come, first served. He cannot blame you for respecting this principle. But if you violate it (even with him), you may unknowingly shatter your patient's confidence in your office's integrity.

It goes without saying you must respect your appointment system. Your aide must clarify any breakdown in it to your patients. Otherwise, the use of the word "reservation" may lose its power. It has strength, theoretically, in that people cancel reservations less frequently than they break appointments. This, of course, is hypothetical.

Always remember, then, the major emphasis is on using concrete reasons. Your patient must never be left frustrated or dissatisfied with the whys and wherefores of your failure to satisfy his need to see you when he wishes to.

The semantic line, you may think, is thin. The line of meaning to your patients is not so thin.

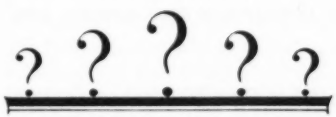
The more you clarify, in meaningful terms, the less confusion you communicate, the greater respect you have for your patients, and the greater will be your success in building and nourishing your private dental practice.

1850 *Walgrove Avenue*
Los Angeles 66, *California*

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

So You Know Something About DENTISTRY!



BY ROLLAND C. BILLETER, DDS

CXLIV

1. Why should amalgam be carved with sharp instruments?

2. True or false: Cusp teeth provide resistance to rotation of dentures which cuspless teeth do not.

3. In eliminating the wax from a mold the sprue hole should be (a) up, (b) down, during the burnout.

4. Does liquefied phenol penetrate deeply into the tooth structure?

5. Gelfoam is completely absorbed in (a) 4 to 6, (b) 9 to 10, weeks when implanted in tissues.

6. What is the foramen caecum?

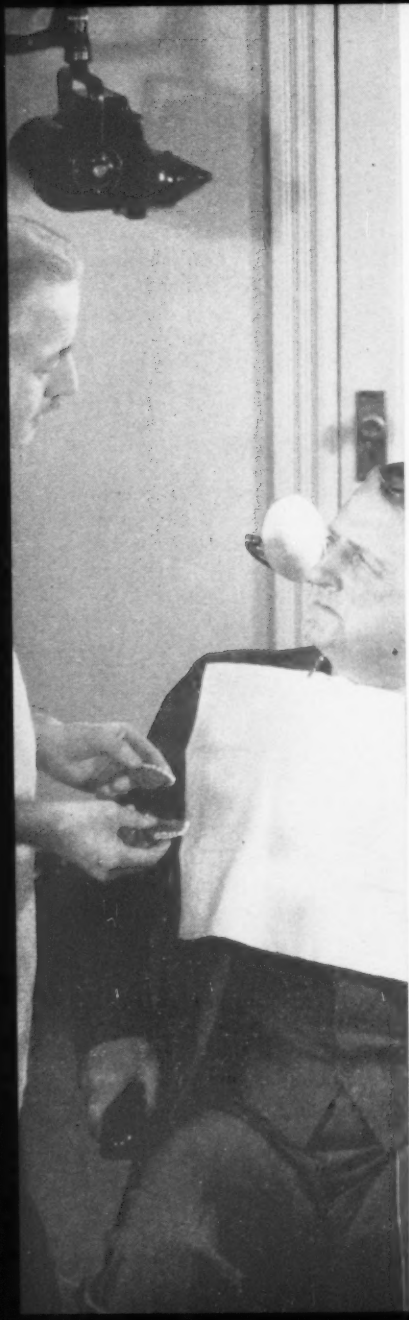
7. Response to the electric pulp tester indicates a vital pulp which may be (a) normal, (b) pathologic.

8. True or false? If a resin restoration becomes loose, it does so immediately after insertion.

9. Tooth rests resist movement of a partial denture from (a) vertical, (b) lateral, masticatory pressure.

10. When operating at high speed, does reducing the belt tension minimize frictional drag on handpiece bearing and engine arm pulleys?

FOR CORRECT ANSWERS SEE PAGE 1110



Let Us Ease Our Denture Problems

BY WIILLIAM BYRON KINNEY, DDS

WITH thirty-nine years of denture construction in the background, I would like to discuss a few of the problems that have confronted me and the methods used to overcome them. I believe there are a great many improvements our dental colleges could utilize to help the student's progress. I think more study and enlightenment on the economic side would be to every graduate's advantage. It seems to me our journals, classes, and clinics, overplay the subject of impression-taking and occlusion to the exclusion of esthetics. All the face bows, intraoral, extraoral, or other scientific methods used in denture construction, will not satisfy a patient if he is not pleased with his appearance as a result, so I cannot overemphasize the importance of esthetics.

Your most important considerations should be striving for comfort, function, and to preserve a patient's appearance.

Most people, especially women, will bear the discomfort of ill-fitting or poorly-occluded dentures if they think that they enhance their attractiveness. Let us consider the case of a woman with loose dentures: she was quite aggressive, and manifested the characteristics of one who had lost all faith in dentists and did not mind telling the world so. Doctor A had constructed her dentures two years before; they were satisfactory for a few weeks and then the upper denture became loose. Doctor A rebased it without charge and all was well again for a few weeks when the performance was repeated. She then went to Doctor B, who rebased it with the same result. Then she came to see me. I explained to her that teeth did not change but that dental ridges did, and that was the cause of her difficulties. She was not convinced; her mother had worn the same teeth for "umpteen" years without trouble of any kind, could eat corn off-the-cob, and on and on. I had had too many similar cases with disastrous results, and so I turned this one down.

In my last few years I have made it a practice to refuse cases when the patient was unreasonable unless I was fairly certain I could change his attitude. I stood for no browbeating or bullying; to do so would destroy the doctor-patient relationship and jeopardize the case; better to lose the patient in the beginning.

Another type of patient I had difficulty with was the "shopper," usually a woman, who would open her purse, extract a piece of paper, read something, and ask the price of a set of dentures of a specific material. I would explain that it was not the material that made successful dentures, but the way it was used. I finally met that issue and other similar problems by constructing for my own mouth three sets of dentures, all made of the same mold, tooth shade, and base material. One set demonstrated a badly closed bite with mandibular protrusion; another had an abnormally open bite (horse teeth effect); the third case was carefully done with irregular alinement of anteriors. That did it. I had no further difficulty over the subject of materials.

Other things being equal, the prosthodontist who wears dentures has a great advantage over one who does not. He acquires the patient's point of view, understands his problems better, handles the psychologic angles more smoothly, knows what to do for relief of discomfort, and instills confidence in the patient. This is not to suggest that dentists whose natural equipment is in good condition should

rush to the exodontist and ask for a good and thorough remake job, but I have known many cases where it would have done wonders for the dentist. In the last twenty years I've constructed thirty-five sets of dentures for myself. I have tried every technique on the market, including Tuller-Fournet, La Due, Swenson, Stansbury, Ackley, and many others whose names I have forgotten. After each class, clinic, or instruction, I would construct new dentures for myself. Each course added to the total of my information and knowledge and made my denture construction more satisfying.

Full Explanation First Step

If a patient presented whose natural dentition was *in situ* but examination and roentgenograms called for radical procedure, I would get the patient's point of view before giving my diagnosis. Usually the patient would be prepared for the worst and would readily agree with my diagnosis and cooperate. Where indicated, I'd suggest the immediate denture technique; but, regardless of the technique used, I'd give the patient a gruelling dissertation on resorption, shrinkage, necessity of refitting or making new dentures, and the cost of the procedures. If this is not done at the beginning of the case we will be in trouble in a short time after its completion.

I cannot possibly overemphasize the importance of *never* making a denture that changes the facial expression of the patient, without the most detailed and explicit understanding with the patient, his family and friends. Trouble invariably results if this is neglected. I never make any extreme promises as to the functional possibilities of dentures.

A case that caused me some anguish, but taught me much, was the one I constructed for a woman in her middle fifties. "Doctor," she said, "I'm sorry, but I just don't like my new teeth." She could not explain just what worried her, but she felt they changed her appearance. I did not think so, but agreed to make them over. Remaking is a tedious and uninspiring procedure, but in time the dentures were completed to her apparent satisfaction. These are the cases that test one's love for denture construction.

Photographs Erase Complaints

After a few sleepless nights I hit upon an idea that has worked wonders for me in the denture field. I had my assistant take lessons in photography, and when she had acquired sufficient skill I ordered a good camera and lighting equipment for my office. Then each denture patient had eight photographs taken, front in repose and smiling, profile the same. On completion of the case, the same routine. From then on, any dissatisfaction on the part of the pa-

tient regarding esthetics brought out the "rogues gallery," my photograph album. It saved me every time. I received permission from my different patients to display their pictures when desirable. *I obtained this permission in writing.*

One point I would like to go over is the case of the "temporary" denture. When discussing this with patients, I find most of them have a hazy idea about some sort of cheap contraption to wear for a few weeks while healing of gingival tissue is taking place. I went through a great deal of mental anguish before I learned the importance of disspelling this idea from the patient's mind and convincing him, or her, of the importance of constructing a denture that would fulfill all esthetic requirements—and cost accordingly.

A Costly Experience

Undoubtedly the most exasperating case of "temporary" dentures I ever contended with, and one that unquestionably cost me a lot of denture cases, was that of a Mrs. Perkins who lived in the hotel where my office was located. She was a wealthy widow, fairly attractive, except for her teeth. She spent most of her leisure in the hotel lobby gossiping with the residents. What evil spirit sent her to me I never knew, but it must have been a large economy size one! We took roentgenograms of her teeth and after an extended discussion decided to remove the upper teeth and, at her suggestion, construct a cheap "temporary" denture, wait for a while and then make the permanent one. (May I remind you that there is no such thing as a "permanent" denture!) This was in the early thirties and before the immediate denture bug had gotten into my system. So we did our extracting, waited a month, and made a vulcanite denture. For a low-cost, so-called "temporary" appliance it did not look too bad, and the patient was rather pleased with it. Ridge resorption set in and before long the denture seemed to have disappeared—no upper teeth were in sight.

Some time later I went on a month's vacation and upon my return the first person I met in the lobby was Mrs. Perkins. After the usual greetings I suggested that her gingivae had shrunken enough by now so that we could go ahead with her new denture, which would restore her normal facial outlines and, in general, take about ten years off her appearance. "Nothing doing," was the reply. "I love these teeth—they're comfortable and fit me fine; I can eat anything I want, and am happy with them just as they are." She had her way. My arguments and entreaties were to no avail. Nothing could induce her to part with those teeth, which were a diabolical indictment of my ability as a dentist! I was most exasperated with her obstinacy and tried to figure out a solution. I did not find one. Many times

each day I would have to meet her in the hotel lobby, invariably chatting with someone and insistent that I meet whoever it was. On leaving, or during the conversation, she never neglected to eulogize me as the world's best dentist, which never failed to bring a look of bewilderment into the face of her friend as she glanced at the Perkins' mouth. Despite her friendly efforts to give me a boost, I am sure that vulcanite denture ruined my dental career in that hotel.

I would like to close this discussion with the thought that the foregoing account of a number of out-of-the-ordinary cases does not minimize or preclude the fact that the vast majority of cases I have handled were gratifying, both from the financial and patient satisfaction angles, although I learned the hard way.

101 *South Harvey Avenue*
Oak Park, Illinois

WARNS AGAINST OVERUSE OF FLUORIDES

SODIUM fluoride, the ingredient currently being promoted by health authorities and others for administration in preventing dental caries in children, is the subject of a proposal by the Food and Drug Administration. The FDA suggests that sodium fluoride be eliminated from the restrictions requiring prescription sale for certain preparations containing this chemical, provided the label carries a clear warning statement against use except as directed by a dentist if the local water supply contains fluoride. It would appear that those who live in areas where water is fluoridated are going to need special protection against overuse of fluorides through its presence in certain products.—*Consumer's Research Bulletin, Washington, New Jersey.*

AMERICAN LANGUAGE IN AN ELECTION YEAR

ONCE THE political terminologists of all parties began to cross-infect our moribund vocabulary, the rate of degeneration became appalling. Elephantiasis of cliché set in, synonym atrophied, the pulse of inventiveness slowed alarmingly, and paraphrase died of impaction. Multiple sclerosis was apparent in the dragging rhythms of speech, and the complexion of writing and of conversation began to take on the tight, dry parchment look of death. We have become satisfied with gangrenous repetitions of "threadbarisms" like an old man cackling in a chimney corner, and the onset of utter meaninglessness is imminent.—JAMES THURBER, *Science.*

A Dentist's Expedition to the Indians of the Amazon Basin in South America

BY THEODORE DOBKOWSKY,
Cirujano Dentista*

From Guayaquil, Ecuador, a dentist reports on his study of tooth protection methods that have aided Jibaro Indians to avoid caries.

VAST FORESTS extending from Ecuador over Peru into Brazil are inhabited by tribes of Indians whose ethnographic name is Jíbaros. My journey to them was made not only for the purpose of getting acquainted with this interesting ethnic group; I wanted to find out, by examining their teeth, what success they had attained in their dental care, which is based entirely on prevention. They chew certain vegetables which blacken their teeth. In contrast to the betel nut which also blackens teeth, these leaves and berries are not chewed for pleasure but for the sole purpose of preventing dental caries and protecting the gingivae, as the experience of many centuries has taught them.

Ecuador is one of the smaller South American countries located on the Pacific coast; a large part of its population is still of Indian or mixed blood. Caries research finds a propitious field here, as the different groups with their varied systems of nourishment, still lacking most of the chemical refinements of modern civilization, show distinct differences.

The highest frequency of caries is to be found in the tropical coastal region, where the chewing effort is least, owing to soft foods: rice, fish, bananas, soft bread. Better dental conditions are to be found in the high Andes, where food is harder. The best results are shown among Indians of the high Andes, like the Salazaks, who

*Doctor Dobkowsky made the expedition to the habitat of the Jibaro Indians at his own expense with the hope of gaining information that would be helpful to the dental profession throughout the Americas.

Jíbaro Chief Taisha and son Segundo. Shell Oil Company employs many Jíbaros as guides in the tropical Amazon basin of Ecuador. Using 16-foot blowpipes carrying curare-tipped darts, as shown here, they are excellent hunters, chiefly of wild boar. —Photograph of Shell Oil Company.

are nearly one hundred per cent free from caries. They prefer hard nourishment: hard bread, hard toasted corn, and bean fruit. Their chewing muscles are enormously strong. Doctors Neumann and Di Salvo reported similar findings from Mexico.[1]

The Indians of the Ecuadorian virgin forest live in tropical surroundings, where softer food prevails. The Jíbaros have no bread; their staple food consists of Yucca, a potato-like plant, bananas and tropical fruit, fish from the teeming rivers, and meat from the game hunted in the forest. They take sugar only in the form of juice. It would seem likely, therefore, that the Jíbaros ought to show poor dental conditions, similar to those prevailing on Ecuador's tropical coast; so this shows the importance of their preventive care.

A few years ago, a journey into Ecuador's *Amazonas* territory was still quite difficult; three weeks

[1]Amazon Expedition Hunts Clues to Dental Caries, ORAL HYGIENE **46**:839 (July) 1956.

were required to reach the settlements furthest from the coast, by railway, by motor car, on horseback, and by canoe. In recent years, the government, the Shell Company, and Protestant missions (financed from the United States) have built a number of airstrips, though often only for smaller aircraft, and access has thus been made much easier now.

The Indians of the woods have come into touch with civilization only during the last few decades. Some tribes are still almost unapproachable; the tragedy of the five American missionaries, who were killed by the Aucas in January 1956, is still fresh in memory.

Pagan Customs

The Jibaros were formerly known as head-hunters; they were accustomed to shrink the head of a dead enemy to about the size of an orange, a practice which has been outlawed by the national constitution of Ecuador. These "tzantas," as they are called, are now museum pieces; their export is

Jibaro women and children in the Amazon region of Ecuador. Photograph of the Asiatic Petroleum Corporation. (*Pictures of Jibaros are from the Photographic Library of the Pan American Union in Washington, DC*)

strictly forbidden. Government and missions have done much to fight the practice of head-hunting. However, many Jíbaros are still pagan; they practice polygamy and have four or more wives. The influence of their witch doctors, who know the secrets of the forest, is strong. Interesting for a dentist are the Jíbaro's necklaces; they are fond of necklaces made of teeth. I found such ornaments fashioned with the teeth of bears, wild boars, small tigers, and monkeys. It is well to remember that a safe expedition into the forest is possible only with reliable guides who know the Indians and their language. However, these Indians are constantly at war with one another, which adds to the danger.

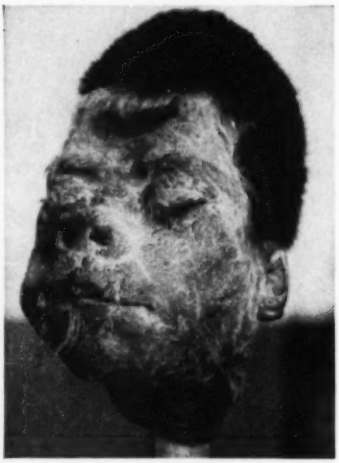
I enjoyed great help from the Catholic and Protestant missions, and once again wish to express my thanks to them. It is wise to carry suitable gifts; money is virtually worthless to an Indian. I took along twelve-dozen pocket mirrors, as many combs, six-dozen scissors, cloth, five-dozen fish hooks, and some small shot ammunition, for which the Indians show particular interest since it is replacing more and more the use of spear and arrow.

Based on the information I had gathered, I chose for my research center Sucúa, the settlement deepest in the forest, near the Peruvian border. The Christian missions at Sucúa shelter a good number of pure Jíbaros, and many Indians inhabit the surrounding woods; their small settlements are called Jibarios.

We found hospitable accommodations, my wife and I, in the bungalow of the Ficke family, Protestant missionaries from the United States.

Native Tooth Care

I soon discovered that the most common means of dental protection are: *Nashumbi*, a berry fruit, and *Piyu*, the leaves of a tall-growing shrub, their lengths vary-



A shrunken head or "tzanta" made by Jíbaro Indians with a secret process for shrinking the heads of captured enemies, probably by filling the heads with hot embers. Such heads are found now only in museums. — Photograph by Doctor Dobkowsky.

ing from six to ten inches. The Jíbaros chew these berries or leaves on an empty stomach, on two or three successive days, without swallowing them; immediately afterward hot food and drink are avoided, for the heat would destroy the protective layer. The blackening of the teeth lasts five or six months; after that time, the chewing is repeated. It is customary among the Jíbaros to rinse their mouths after each meal. Toothbrush, tooth paste, and similar aids, are unknown to them; their use is not taught even in the mission schools.

Chewing *Nashumbi* or *Piyu* is not encouraged in the mission schools, presumably on account of its pagan origin. This supplied a fairly easy control for my research. The staple foods are Yucca and bananas, in the missions as well as in the woods.

Results of Examination

All in all, I examined 211 Jíbaros with mirror and probe and found:

1. Among 37 Indians from the woods, 30 years old on the average, who chewed *Nashumbi* and *Piyu* regularly, there were 34 with a complete set of teeth entirely free from caries. Two of them showed small defects (in three teeth). The third was 80 years old and had sixteen defects.

2. Among 16 non-chewing Jíbaros, average age 27 years, only 5 were free from caries; the remaining 11 had thirty-one defects.

3. Jíbaro mothers showed dental caries in distinct relation to the number of births. Indian medicine is based entirely on herbs; they know no calcium preparations.

4. Among 15 women with blackened teeth (average age 33, average number of children 5.5) there were 7 mothers with 17 children without caries. The other 8 showed forty-six tooth defects.

5. Among 17 non-chewing women (average 28 years and only 2.8 births) there were only 6 without defect; the rest showed twenty-six cases of damage.

6. Out of 11 young Indians from the woods, with their teeth typically blackened from chewing *Nashumbi* and *Piyu*, 13 to 15 years old, not a single one showed any sign of decay.

7. In a group of 21 children, 7 to 12 years old, who chewed neither of the plants I mentioned here, 17 were free from caries; 4 of them had one defect each on their permanent teeth.

The Jíbaros showed few signs of gingival inflammation, and still less of "pyorrhea." Also the formation of tartar was rather limited.

On the whole, this research proves clearly that the use of the Jíbaros' protective chewing prevents caries to a large extent, except for the results of calcium deficiency in mothers. There are probably still other causes playing a part in these exceptionally good dental conditions of the Ecu-

adorian forest Indians, such as heredity and food; but it is clear that their method of covering the teeth with a protective layer is more effective than our modern techniques, including fluoridation.

If dental science and industry could succeed in working out some similar protective layer without discoloring the teeth, a considerable improvement in preventive dentistry would be achieved.

9 *de Octubre* 716
Guayaquil, Ecuador
South America

STUDY TO DEVELOP BETTER PROTECTION FOR THE BOXER'S FACE

JULIUS HELFAND, Chairman of the New York State Athletic Commission, said that the New York University College of Dentistry would make a special study of facial injuries to boxers and would treat without charge those unable to pay.

On the basis of this experience, Mr. Helfand said the college would try to develop the best possible mouthpiece for boxers. They will be fitted gratis, with only a nominal charge for the mouth guards.

"The finest medical attention will be given to these boxers," said Mr. Helfand, in thanking Doctors Abraham Berger, William F. Harrigan and Raymond J. Nagle for their interest. Doctor Nagle is Dean of the College of Dentistry, and Doctor Harrigan is a regular member of the commission's medical advisory board.—*Des Moines (Iowa) Register.*

SUGGESTS NAMES ON DENTURES

A VIRGINIA medieal examiner suggests that dentists should be persuaded to inscribe the wearer's name inside the upper dentures. Doctor Harold Beddoe, speaking at the third annual Southwestern Homicide Investigators Seminar, pointed out the help it would provide to officers identifying victims since teeth are seldom destroyed when a body is burned or decomposed.

"The individuality of dentures is such that it would be pretty far-fetched to think they would belong to someone else," he added. "It would be an excellent thing if dentists all over the country followed this practice."

Examiner Beddoe also said this practice could be made official procedure by the Armed Forces and should help them tremendously too.—*Associated Press.*

Dentists in the NEWS

Nashville (Tennessee) Tennessean: Selected over candidates from many countries, Doctor Carl L. Sebelius, a Nashville dentist, will be the first dental advisor to the Director General of the World Health Organization. This organization, with offices in the Palais de Nations, Geneva, Switzerland, is divided into six regions, of which only the one including the Americas has its own dental officer, leaving Doctor Sebelius five-sixths of the world for which to supervise plans for dental development. Doctor Sebelius had previously toured England and Scandinavia in 1951 under a World Health Preventive Dentistry grant. This time his wife and four children accompanied him to Geneva, where his headquarters will be for the next two years. The children will attend the International school.

San Pedro (California) News Pilot: The winner of the top scholarship award in the graduating class at San Pedro High School, Hisashi Matsutani, will receive $600 per year for four years from the MacNeel Pierce Foundation. He is planning to attend the University of Southern California School of Dentistry. This 17-year-old boy rated first in his class of 288 scholastically, but leadership and participation in sports were also given full consideration.

Indianapolis (Indiana) Star: A graduate of the Chicago College of Dental Surgery in 1894, 89-year-old Doctor George H. Denison was named *Dentist of the Year* at the 99th Annual Convention of the Indiana State Dental Association. He still keeps regular office hours in Hanna and with his wife will celebrate their 64th wedding anniversary soon. The couple has a son, William, who practices dentistry at Crown Point. Doctor Denison feels that "the young dental graduate of today is better prepared for this great profession than I was 62 years ago. I still have trouble just keeping up with modern advances."

New York Times: In a competition limited to former National champions, Olympic fencers, and professionals, Doctor Daniel Bukantz won the Masters foil competition with a perfect record in the five-man round-robin at the Fencers Club in New York.

Detroit (Michigan) Times: Richard DeLoras and his wife, of 12514 Stringham Court, are proud of the title "Doctor" that the University of Detroit College of Dentistry has recently conferred on Richard. After dropping out of high school at 16 to work in a defense plant, marrying, and serving in the Army, Richard realized the value of education and went back to finish high school. While employed, he attended night classes, did undergraduate work at Wayne University, and continued through dental school, until at 30 years of age he has accomplished his goal. He gives full credit for his success to his wife, Gerry, who also worked, only taking time out when their two children were born. Doctor DeLoras started practice immediately after graduation in a Saint Clair Shores dentist's office.

Sacramento (California) Union: A member of Admiral Byrd's United States Navy dental research staff in

1947, Doctor Jesse Owens, now practicing in Sacramento, California, maintains that there is much more mystery in the polar regions of the Antarctic than one might suppose, and "If I had another chance to go back I wouldn't turn it down." He was aboard the United States Coast Guard icebreaker *Northwind*, which broke a path through the ice in January (mid-summer for this frigid region) for the other thirteen ships of "Operation Highjump." The main purposes of the expedition were to carry on geographic surveys and research. Doctor Owens conducted research pertaining to the effect of the cold weather on teeth, and also took care of the dental services for the 4,000-man crew.

New York World-Telegram and Sun: When Warren M. Seaman, Jr., received his diploma from the New York University College of Dentistry, he became the third generation of Seamans to enter dental practice. His grandfather, Doctor Thomas J. Seaman, Class of 1898, and his father, Doctor Warren M. Seaman Sr., Class of 1923, will be practicing in Amityville, Long Island, and waiting for the newest dentist in the family to return from a two-year tour of duty with the Army Medical Corps.

Clearfield (Pennsylvania) Progress: The "outstanding achievement" award of the Pennsylvania Dental Society was presented to Doctor Cloyd S. Harkins of Osceola Mills, and cited him for "contributing the most to the dental profession in Pennsylvania during 1955." This latest honor for Doctor Harkins is one in a long list of professional and world-wide recognition of his clinical research as a specialist in the fields of orthodontics and cleft palate prostheses. For over thirty years he has pioneered research and development for the rehabilitation of cleft palate patients and has perfected an appliance known in the profession as the Harkins' Speech Aid, and widely used in correction of these cases.

Doctor Harkins was instrumental in the establishment of Pennsylvania's cleft palate rehabilitation program under the State Department of Health. He serves as the director of the Phillipsburg Cleft Palate Clinic and as a consultant and specialist at similar clinics located at Pittsburgh and Philadelphia.

Pulaski (Virginia) Southwest Times: The Haller family was well represented at a recent meeting of the Virginia State Dental Association. Doctor J. Alex Haller, President, and every member of his immediate family, is in the dental profession or allied fields. At a special table headed by Alex' 91-year-old father, a retired dentist, there were eight dentists, three surgeons, one nurse anesthetist, one obstetrician, and one executive secretary of the Tuberculosis Association—all Hallers. There are a number of other relatives and in-laws also in the health professions.

Houston (Texas) Chronicle: Doctor J. E. Storey, near 90, thinks he is the oldest practicing dentist in the Texas Dental Association. His father opened a dental office in Dallas shortly after the Civil War. Doctor Storey remembers practicing with him a long time before the opening of the Baltimore Dental College where he went into training to receive a certificate. After dental school he became a "bushwhacking" dentist driving a horse and buggy with a six-shooter beside him throughout Arizona and New Mexico, until he returned to Texas in 1907.

Modesto (California) Bee: Modesto dentist, Doctor Raymond Shearn, has been appointed by the City Council to serve out the unexpired term of a member of the Planning Commission. Doctor Shearn previously has served on the Forward Modesto Committee.

Saint Joseph (Missouri) News-Press: The Tidewater Virginia Dental Association has agreed to make its project for the next year providing free mouthguards to high school football players. This plan was tested last year and cut down on football dental casualties by 90 per cent.

Los Angeles (California) Herald Express: Five Los Angeles dentists, veterans of more than fifty years of practice, received plaques at the annual meeting of the Los Angeles Dental Society. They are, Doctors Fred J. Fitzgerald, R. B. Houston, James Justice, R. C. Lane, and James D. McCoy, all still actively engaged in the profession. Doctor R. E. Willey was installed as President of the society at the same meeting.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Lucy C. Ward, Box 225, Franklin, Tennessee
Ruby Hollinger, 1708 South Gaffey Street, San Pedro, California
Mrs. E. N. Kusey, Greencastle, Indiana
Theodore Katz, DDS, 2802 Grand Concourse, New York 58, New York
Everett Frye, 1145 Griswold, Detroit, Michigan
Mrs. Earl White, 391 Las Palmas Avenue, North Sacramento, California
M. B. Newman, DDS, 1410 Morris Avenue, New York 56, New York
Mrs. John Cillo, 106 Cemetery Road, Clearfield, Pennsylvania
Mrs. Eva Sue Rogers, 146 Maple Street, Pulaski, Virginia
Mrs. Betty M. Albright, 4158 Tuam, Houston 4, Texas
Alice M. Coopridu, P. O. Box 1, Modesto, California
Mrs. Charles Lollar, Altamont, Missouri
Paul Turner, 116 Orange Avenue, Santa Ana, California
Mrs. Sue Pickelsimer, 1303 Spencer Mountain, Gastonia, North Carolina

SYNTHETIC COMPOUND MAY FORM COMPLETE DIET

A NEW synthetic, completely chemically defined diet—one that can be produced in adequate quantities and varied to meet the needs of individual patients—was described at the opening session of the Federation of American Societies for Experimental Biology.

A team of government scientists indicated that the new diet, a white powder that is completely soluble in water, may be of real use in the feeding of premature infants, cancer patients, those allergic to proteins in a normal diet, and postoperative patients.

The powder, administered intravenously, contains forty ingredients, including amino acids, organically bound phosphate, crystalline vitamins, glucose, and salts. Essential fats and fat-soluble vitamins are furnished as a separate supplement.—*Medical News.*

Protest and Reply

Editor's Note: The following correspondence concerns an article that appeared in our June issue (DIMENSIONS OF THE DENTAL HEALTH PROBLEM, page 718). The newsworthy article was based on testimony by Harry Lyons, DDS, President-Elect of the American Dental Association, before a United States Senate subcommittee that was holding hearings on the bill to provide funds for buildings for a National Institute of Dental Health. A footnoote indicated that the material was from the public record (From a report of the Hearing on S 3246 before the Subcommittee on Health of the Committee on Labor and Public Welfare, United States Senate, February 29, 1956).

●

Dear Doctor Ryan:

I am considerably disturbed by the appearance of an article in the June 1956 issue of ORAL HYGIENE, which gives the impression that I not only authored this article but submitted it for publication. While you have a footnote indicating that the material is from a Senate subcommittee hearing, one can hardly avoid the impression that this material was prepared as you published it and submitted by me for publication. Neither of these unavoidable impressions is a fact. Furthermore, as published the article is made up of statements taken out of context and joined without reference to the remaining material presented at the Senate subcommittee hearing. Over and above all this I was not shown the consideration of a request on your part for permission to carry such an article.

I strongly resent and deplore the editorial policy, which has led to my embarrassment in this connection.

Copies of this protest are being sent to the Secretaries of the American Dental Association and the American College of Dentists.

(Signed) Harry Lyons

Dear Doctor Lyons:

Our intent in publishing your statement from the *public record* and the editorial on the same general subject in our June 1956 issue was to *help* the American Dental Association in the campaign to build and equip the National Institute of Dental Research.

These statements in the editorial in the same issue, "RESEARCH: THE LIFE BLOOD OF A PROFESSION" (pages 742-743) are hardly those of one who has any intention of embarrassing you or the American Dental Association:

"Fortunately the spokesmen for the American Dental Association

are intelligent and effective and they are conscious of the will-to-dominate that lies behind most of the medical men in government service.

"The dimensions of the dental health problem were ably presented at the Senate hearing by Harry Lyons, President-Elect of the American Dental Association (See page 718)."

I certainly am distressed to have you tell me that you are disturbed over this incident. As the president-elect of the American Dental Association, I had expected that you would be pleased to have support for your point of view and for the objective of the Association.

To correct any possible misunderstanding, we will be glad to publish your letter and my reply. Please let me know if that is your wish.

Inasmuch as you sent copies of your letter to the Secretary of the American Dental Association and the Secretary of the American College of Dentists, I am doing likewise.

Please accept my best wishes for a successful administration.

(Signed) Edward J. Ryan

Dear Doctor Ryan:

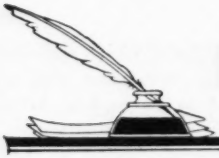
Your letter with further reference to the article, which appeared in your June 1956 issue with my name noted as its author, is acknowledged with appreciation.

I am always pleased to have support for my points of view and for the objectives of the American Dental Association. However, that is quite beside the point at issue. My displeasure concerns the appearance of an article in ORAL HYGIENE, which gives the readers of your publication the unmistakable impression that I prepared and submitted the article for publication. I did not prepare or submit the article nor was I advised in advance that such an article, prepared by you or a member of your staff, was to appear in your publication. This has turned out to be a source of considerable embarrassment to me.

Editorial support is something quite different from the manner in which you used material submitted in testimony for the preparation of an article giving a false impression concerning its authorship.

I would be most grateful to you if you would publish my original letter, your reply, and this letter in an early issue of your publication.

(Signed) Harry Lyons



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

SOCIAL SECURITY IS FOR THE YOUNG AND FOR THE OLD

WHEN the President signed the new Social Security bill on 1 August, the self-employed dentists of the country were placed in the same favorable economic position that has been enjoyed by their countrymen for more than *twenty* years. Despite the persistent opposition over the years to the measure by the House of Delegates of the American Dental Association, dentists were included in the bill by the 84th Congress because of the grass-root sentiment for the legislation.

As long ago as 1944 ORAL HYGIENE in cooperation with the School of Journalism of Northwestern University conducted a national poll of the dental profession. This poll revealed that 72.5 per cent of dentists favored inclusion under Social Security and 27.1 per cent were then opposed; 2,632 dentists voted in the poll.[1] This was the pioneering study made among members of the dental profession on the subject.

The grass-root sentiment that eventually led to inclusion of dentists was more recently stimulated by the Congress of American Dentists for OASI (CAD, for short). This national group made up of members of the American Dental Association, including men who had held office in constituent and component societies, was organized in April 1955. Contributions were solicited from members of the profession. The response was immediate, favorable, and generous. The CAD conducted extensive polls among dentists throughout the United States. In virtually every community the sentiment was overwhelming in favor of inclusion. Representatives of CAD appeared before committees of the United States Congress and testified clearly and creditably. This was an outstanding example of democracy at work: a group of citizens appearing before their elected representatives to express themselves on a subject of personal concern.

[1]Huger, Rosa: Old-Age Security, Quarterly Dental Opinion Poll, Sponsored by ORAL HYGIENE and Northwestern University School of Journalism, ORAL HYGIENE **34**:1273 (August) 1944.

When the Senate passed the bill the CAD sent one of their Trustees to Washington (Nathan Kobrin, DDS) to get the facts and figures directly from the Commissioner of Social Security. The authentic article on page 1069 of this issue is the outcome of that cooperative undertaking.

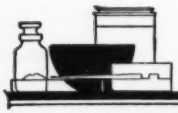
The debate that was stimulated within the profession on the subject is another example of wholesome democracy in action. Although ORAL HYGIENE has been a long-time proponent of the measure, we did at all times allow those who were opposed to the legislation the opportunity to express themselves freely. This, too, is part of the democratic tradition of a free press.

The retirement provisions of the legislation are only a part of, and have often overshadowed other aspects of Social Security. The survivors benefits are considerable and should be of particular interest to dentists who are fathers of children under 18 years of age. It is a cheaper form of protection than can be offered by any life insurance program. That does not mean, however, that private life insurance contracts should not be bought by dentists to the full limit of their ability—preferably in their younger years when they are readily insurable and when the premiums are lowest. The American Dental Association group insurance, for example, is an excellent contract.

The total disability feature in the bill that became law upon the President's signature is another provision that should please all dentists. A catastrophic illness or a disabling accident that brings total disability is an experience to demoralize and destroy the finances of almost any family. We are all familiar with colleagues who have been stricken with poliomyelitis, multiple sclerosis, tuberculosis, cerebral disease, and accidental injury. Many of these men cannot be restored to dental practice and are compelled to live upon their families or on public or private charity. The total disability features of the OASDI will assure a measure of independence and hope to such sufferers when they pass the age of 50 years.

The survivors and disability provisions of the new Act are worth the yearly tax, even if there were no retirement benefits. The *young* dentist and his young family, the old dentist and his wife, have much to gain in this form of protection.

Edward J. Ryan



TECHNIQUE of the Month

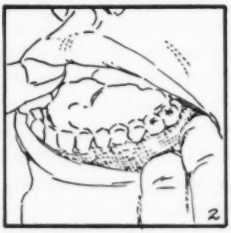
Originated by W. EARLE CRAIG, DDS

Mucostatic Impressions as Final Step in Denture Construction (or Subsequent-Relining)

BY FRED G. WHITE, DDS

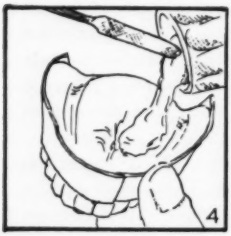
Drawings by Dorothy Sterling

Cover labial-buccal surface of upper denture with adhesive tape. Use Vaseline® to cover the teeth and palatal area. Dry the tissue-bearing surface.

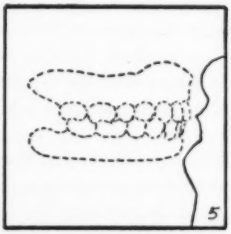


Place lower denture in mouth. Coat occlusal surfaces of teeth with Vaseline.

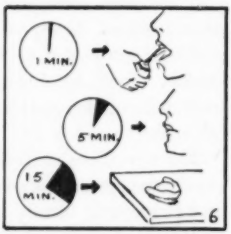
Use self-curing acrylic. Pour dappan dish ¾ full of liquid until mix contains almost as much powder as can be absorbed.



Stir mix rapidly, pour it over entire tissue-bearing surface of the upper denture.



Position the denture anteriorly, then seat it with very little pressure. Have patient close until occlusion is normal. (This is a closed-mouth technique.)



After one minute, flood denture with cold water to relieve burning sensation. Cure in mouth 5 minutes and on bench 15 minutes. Remove adhesive tape. Trim. Polish. Repeat procedure to line and fit lower denture.

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Do Ulcers Cause Caries?

Q.—I have a patient, a man 50 years of age, who was free of caries a year ago. Bitewing roentgenograms revealed deep pockets, but no caries in almost all of his teeth.

Now this same patient has about fifteen cavities, mainly interproximal and gingival. It would seem that calcium has been drained out of his teeth.

Aside from ulcers, he has no other known physical ailment. This patient has seen a dentist regularly for years, and has never had more than one or two restorations a year.

Can you enlighten me as to what might be the cause of this?—S. A. P., New York.

A.—Regarding the sudden development of rampant caries in your 50-year-old patient, let me remind you that there are periods of susceptibility to caries in the life cycle of many people.

The two most susceptible periods, I believe, are the teen years and the years past middle life. Then there seem to be other periods of greater susceptibility to caries, the etiology of which is not always simple to discover.

I am not suggesting that your patient is affected by senile caries, although senility is not necessarily closely related to the number of years since birth.

I do not recall statistics on the effect of duodenal ulcers on caries occurrence, but I have not noted any increase in caries in the ulcer patients in my practice.

The diminution of activity of the salivary glands, due to medication, x-ray treatments, or even unknown causes, usually results in a marked increase in caries, particularly of the cervical type.

I would suggest, therefore, that you look into the matter of a change in his diet that might reduce the activity of the salivary glands, and also into the amount of water he drinks.—G. R. WARNER.

Inflamed Palate

Q.—A patient of mine wears an upper cast skeleton partial denture. Her mouth has been rather irritated for some time with a pinkish-red inflamed appearance limited to the exposed area of the palate. Local, or vitamin, therapy does not change this picture.

What puzzles me is the fact that it is not the area covered by the partial denture, but the free space which is involved.—I. R. G., Ohio.

A.—It is indeed unusual that the red inflamed area in this mouth is that part of the palate not covered by the denture. Such an appearance is more likely to occur under denture saddles. If this condition is not the result of a burn or bruise that will heal and return to normal in a reasonable length

of time, no doubt a biopsy is advisable. You had better have the pathologist test also for Monilia Albicans Fungus infection. There is a new drug, Mycostatin,® that is effective in treating fungus infections.—V. C. SMEDLEY.

Torus of the Mandible

Q.—I have encountered several cases involving torus of the mandible and I am at a loss as to the best method of treating them. In some books on oral surgery it is recommended that the tori be removed; however, if I remember correctly, a few years ago we were advised to leave them alone, except in extreme cases in which removal was necessary.

I should appreciate your advice on how to care for these cases, and your suggested method for removing the torus. Do you know if any of them have ever returned?—L. R. E., Michigan.

A.—We do not remove mandibular tori unless we have to make some type of denture that would not be successful with the tori in place.

As you know, tori are simply growths of bone which never become malignant. Their cause is not known, but they may increase in size. I have measured a total increase of 4 mm. in two mandibular tori over a period of four years.—G. R. WARNER.

Discoloration in Non-Vital Teeth

Q.—I have been reading your answers in ORAL HYGIENE for many years and always find them helpful and interesting. Now I have a problem and wonder if you can help me.

A central incisor on which I performed a root canal operation is rapidly turning dark. Can you suggest some treatment to remedy this?—A. G. B., Washington.

A.—I am glad to tell you that I have had success in reducing the discoloration in non-vital teeth with the following technique:

With the tooth under rubber dam, clean the coronal portion of the tooth and about 2 mm. in the root canal. A pledget of cotton saturated with Superoxol® is placed in the pulp chamber and a hot ball burnisher is placed against the cotton. The burnisher should be hot enough to produce steam from the Superoxol. After thoroughly steaming the cotton for a few minutes it should be removed, the pulp chamber washed out, and the procedure repeated with a fresh pledget of cotton until the color of the tooth is satisfactory.—G. R. WARNER.

YOUR NEW SOCIAL SECURITY - - ITS PROVISIONS AND BENEFITS

(*Continued from page 1072*)

Social Security Fund, the widowed mother and child now receive monthly survivor benefits of $162.-80. This will continue until the child is eighteen. Other children would have entitled this family up to a maximum of $200 a month. Prudently invested, the income

NEW Backing

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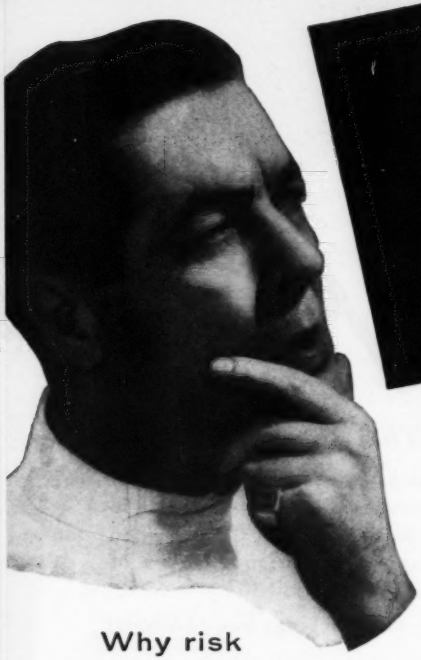
WHY BE A "PF" DENTURE VICTIM?



Why risk
Professional
Frustration
from patients'
Psychological
Failure?

How discouraging it can be: the denture is beautiful in appearance and perfect in fit—yet the patient persistently complains of discomfort and instability! When apprehension and awkwardness thwart adaptation, "psychological failure" can indeed be a problem for the dentist . . . and unnecessarily so!

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For the patient, such assistance may be actually indispensable—especially in the presence of anatomical or emotional difficulties. For the dentist, it's a gesture of sympathetic consideration . . . and a sound solution of his "PF" problem.

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WERNET DENTAL LORE

SEPTEMBER, 1956

Politics may not only produce strange bedfellows, but often begets unexpected offspring. In 1780, a non-conformist English tanner named William Addis was forced into hiding from his political enemies. Growing bored one day with his restricted activities, he picked up a piece of bone to whittle, proceeded to wire on one end some hairs from the tail of a cowhide lying nearby, and thus invented the forerunner of the toothbrush as we know it today. Subsequently he founded what is now Addis Ltd. Brushworks of Hertford, manufacturers of fine toothbrushes.

• • •

Mahlon Loomis, a dentist of Cambridge, Mass., had the misfortune to live just a few decades ahead of his time. In 1869 he demonstrated his apparatus for sending telegraphic messages by wireless, but was laughed into oblivion by a world not yet ready for the new medium of communication that brought fame and fortune to Marconi in 1901.

• • •

When ancient Egyptians ground their grain in stone mortars, they doubtless failed to realize that this procedure was incorporating in the meal fine crystalline particles that in the bread often wore their teeth to the pulp, provoking abscesses which discharged pus through the jawbone. Perforations from such pus-draining fistulae have been noted in many skulls found along the Nile.

• • •

Siva, one of the three supreme deities of Hinduistic India, represents the twin principles of destruction and restoration—considered inseparable in Hindu thought. According to the great Hindu epic Mahabharata, Siva possesses very large and very sharp teeth. How appropriate, that (under Siva's aegis?) India provides the forest product Karaya gum that constitutes the basic ingredient for Wernet's Denture Powder!

from the estate plus the security check should enable this family to maintain its economic independence and human dignity in the years ahead. And when the widow becomes 62 she again may receive her pension check for as long as she lives, unless she remarries. That is what Social Security meant for one family, and that is what Social Security will mean for all dentists' families in similar situations henceforth.

Comments

Before going to Washington to get the on-the-spot authoritative interpretations of the new Social Security law, I asked scores of dentists, "What does Social Security mean to you?" Almost unanimously, and I must confess, greatly to my surprise, they answered, "Peace of mind." A few said, "I want to work as long as possible, but it's good to know you've got something there if you need it." Another replied, "After 65, I can take it or leave it; that means a lot to me." Still another, "Now I can plan to retire; we couldn't get by on what I've saved." Said a young dentist, "This gives my wife and child some protection. I haven't been able to put away a button yet."

Of course OASI is not a perfect prescription for securing total peace of mind. Nothing is. But then no one knows "for whom the bell tolls" or when a pleasure drive may turn out to be a death ride. For the twenty years the OASI system has been in operation it has tempered the blows of adversity, kept families intact, and supplied to millions of American citizens the basic foundation for their own retirement security as well as the survivorship protection of their dependents. There is every reason to believe that OASI will continue in the future to make its sound contribution to the social well-being of our Nation.

Arnold Toynbee, the English historian, in one of his brilliant essays, declared he is convinced that future historians in reviewing our contemporary period, would name it "The Era of Social Security" and not, as popular opinion calls it now, "The Atom Bomb Age." There is a tremendous hunger for security, says Toynbee, all kinds of security, all over the world. In 1798 Congress established the Marine Hospital to provide medical care and hospitalization for our merchant sailors. This is the oldest public health service unit in our country. Improving the life and fortunes of our population has gone hand in hand with the spectacular growth of our capitalist economy. Our respect for human values has grown immensely, and national necessity motivates the advancement of human capabilities to the fullest potential possible. Strengthening the home increases national power.

The proper utilization of the most valuable resource this country possesses, its human resources, safeguards our basic social and

economic system. OASI is an effective weapon for protection of these human resources.

Just two more points I wish to emphasize:

1. The new name of the Social Security System will be federal Old Age, Survivors and Disability Insurance (OASDI).

2. OASDI is compulsory.

For specific answers to your personal Social Security rights or problems, you should get in touch with your local Social Security district office.

7802 *Fifth Avenue*
Brooklyn 9, New York.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

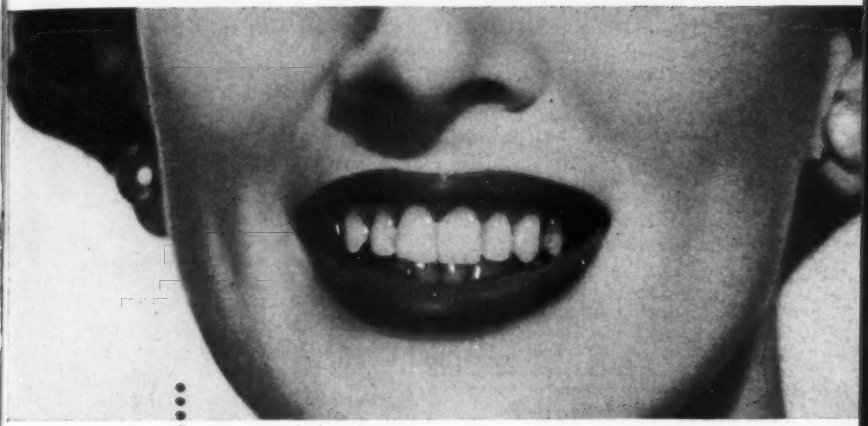
ANSWERS TO QUIZ CXLIV (See page 1083 for questions)

1. Carving with dull instruments simulates a burnishing action which breaks down crystallization and brings mercury to the surface. (Markley, M. R.: Amalgam Restoration for Class V Cavities, JADA **50**:302 [March] 1955)
2. True. (Boucher, C. O.: Occlusion in Prosthodontics, J. of Prosthetic Dent. **3**:647 [September] 1953)
3. (b). (Ney Bridge & Inlay Book, J. M. Ney Company, Hartford, Connecticut, 1954, page 65)
4. No. (Fritz, J. R.: Carbon Dioxide Anesthesia, DENTAL DIGEST **60**:401 [October] 1954)
5. (a). (Archer, W. H.: A Manual of Oral Surgery, Philadelphia, W. B. Saunders Company, 1952, page 335)
6. A rather deep pit frequently seen in upper lateral incisors just incisal to the tubercle. (Sicher, Harry: Oral Anatomy, St. Louis, The C. V. Mosby Company, 1949, page 211)
7. (a), (b). (Maurice, C. G.: Differential Diagnosis of Dental Pain, JADA **50**:316 [March] 1955)
8. True. (Coy, H. D.: Evaluation of Acrylic Resin as Restorative Material, JADA **48**:269 [March] 1954)
9. (a). (Schmidt, A. H.: Planning and Designing Removable Partial Dentures, J. of Prosthetic Dent. **3**:790 [November] 1953)
10. Yes. (Ingraham, Rex and James, H. M.: Adaptation of Modern Instruments and Increased Operating Speeds to Restorative Procedures, JADA **47**:317 [September] 1953)

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News,* (see page 1095), we will send promptly a crisp new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be *acknowledged or returned.* When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

your **eye** *will tell you why . . .*



You can combine beauty and natural vitality, to a degree never before possible, in dentures with —

Myerson's **AEsthetic**

ANTERIORS

IN MULTI FIRED PORCELAIN

Ask to see the new natural forms, new proximal optical effects, new dense translucency

Write Dept. OH Myerson Tooth Corporation, Cambridge 39, Mass.

For posteriors . . . use Myerson's True-Kusp, Dynatomic or Synchronized — for denture resin, Myerson's Duraflow

1112

LAFFODONTIA

Blond: "How are you doing in your race to matrimony?"

Brunette: "I'm on my last lap now."

★

Youth: "I can read your thoughts."

His Sweetie: "Well, what are you waiting for, then?"

★

You can fool some of the people all the time, and that's the reason we have politicians and demagogues.

★

A pretzel contains calcium, magnesium, potassium, phosphorous, chlorine, iron, and sulphur.

That's what made our head ache the next day!

★

Old Aunt Minera Picklesimer from Brushville says, "I never in my life tried to listen to Amos Tash and his wife quarreling next door that a dratted old automobile didn't start up some where and make such a racket a body couldn't hear it thunder."

★

Barber (whispering to new helper): "Here comes a man for a shave."

Helper: "Let me practice on him."

Barber: "All right, but be very careful and don't cut yourself."

★

Friend: "Bell and Bess are both after that widower. Did you ever see the like?"

Woman: "Sure. I've often seen two chickens after the same worm."

★

He: "Experience is our greatest teacher, isn't it?"

She: "And there's no holding back her salary either."

★

Man wants but a little here below
He isn't hard to please,
But woman, bless her little heart,
Wants everything she sees.

★

Neighbor: "Has your husband paid his tax?"

Local Woman: "What tax?"

Neighbor: "On his income."

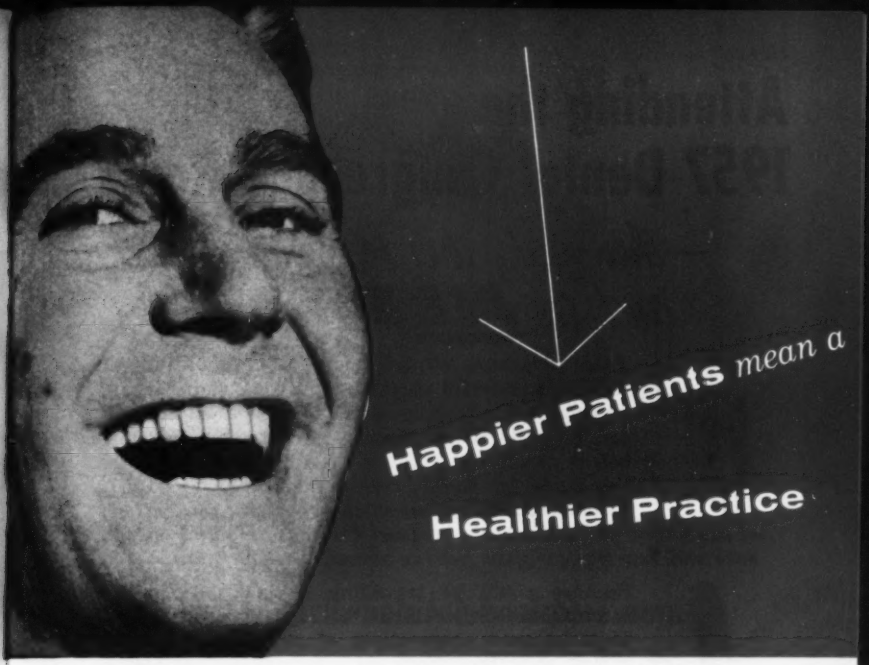
Local Woman: "What income?"

★

Boy: "There's a certain reason why I love you."

Girl: "My goodness!"

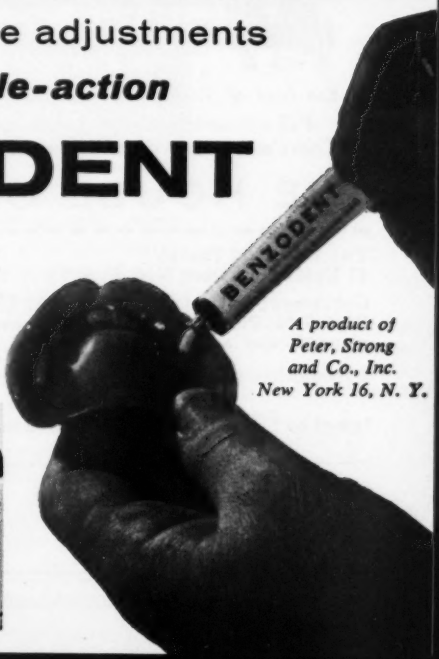
Boy: "Don't be absurd."



For happy denture adjustments
break in with ***triple-action***

BENZODENT

1 **Analgesic**... relieves pain and discomfort; avoids needless trimming
2 **Antiseptic**... helps to heal sore spots as it controls infection
3 **Adhesive**... creates patient confidence by effective denture stabilization



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Attending the 1957 Dental Congress in Rome?

—then make it a Roamin' Holiday and see ALL EUROPE!

Take advantage of this magnificent opportunity! Enjoy a wonderful vacation in Europe, visiting gay, glamorous Paris, historic London, and *all* the enchanting Old World places you've dreamed about—before or after you attend the International Dental Congress in Rome, September 7 to 14, 1957. Remember: *the cost of attending dental conventions is deductible on your income tax, and the considerable sum you save will help pay for your holiday abroad!*

Because you'll be travelling during the popular summer and early fall months, *right now* is the time to make your reservations if you want to enjoy choice accommodations on your transatlantic trip and in Europe. We can make all your reservations, take time-consuming details off your hands, and plan a trip especially for you and your party so you'll see the *best* of Europe in the time you have available.

Fill out and mail the coupon *now*—while you're thinking of it. There's no obligation, of course.

THE HOUSE OF TRAVEL

THE HOUSE OF TRAVEL
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Gentlemen: I plan to attend the 1957 International Dental Congress in Rome, Sept. 7-14. Please tell me how I can combine my trip with a tour of Europe planned especially for me.

I should like to leave on _____ (DATE) for _____ (NUMBER) weeks, months,

travel by sea, air, and visit the following countries _____

_____

There will be _____ (NUMBER) people in my party.

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____

OH

Foaming mouthwash for healthier mouths

TYROLARIS

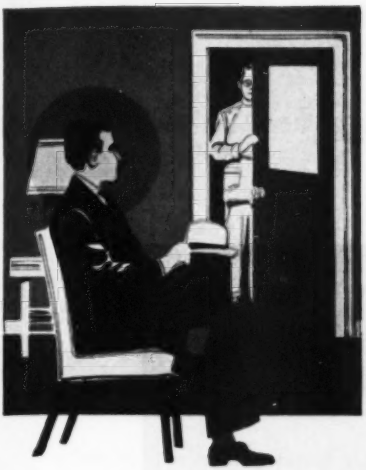
ANTIBIOTIC SOLUTION

TYROLARIS, the first antibiotic mouthwash, has advantages important to you and your patients. Supplements at home your office care. Its wetting agent foams debris and film from crevices, helps prevent decay. Panthenol reduces lactobacilli. The tyrothricin present inhibits oral pathogens, aids gingival healing. TYROLARIS cleanses gently when painful lesions prevent brushing. TYROLARIS also keeps dentures scrub-up clean.

MSD

MERCK SHARP & DOHME

DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.



Is YOUR patient ready to change dentists?

To keep a patient happy today requires much more than just good dentistry. If you'd ask him, you'd find that your patient has heard about and *wants* the kind of complete service that Professional Budget Plan encourages in your practice. Statistics show that he often looks elsewhere if he doesn't get it. In contrast, only one of PBP's many immediate benefits is a noticeably *higher* rate of patient referrals!

PBP is not a "change" — it is a rearrangement which recognizes today's needs. It is based on the experience of thousands of dentists, and it is given to you in friendly, relaxed sessions with the PBP consultant. You owe it to yourself *and* your patients to find out about PBP *now!*

For complete information, just fill in your name and address, then tear out the page and mail today!

Our representative will be happy to call you for an appointment at your convenience. Address Dept. OH-96.

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Address.....

City..... Zone..... State.....

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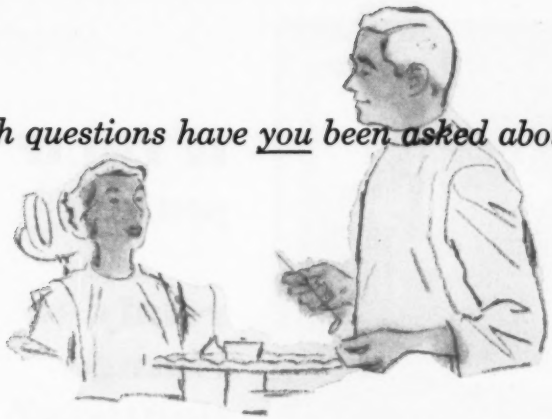
Which questions have you been asked about



1. Is Brisk effective?

Yes, Brisk excels or equals all other fluoride dentifrices in its ability to decrease the acid solubility of enamel and tooth surfaces.

2. Why does Brisk use Sodium Fluoride?

There are many important advantages. Sodium Fluoride presents no danger of heavy metal staining of the teeth as some other fluorides nor does it impart a metallic taste to the dentifrice. More is known about the toxicity, safety and effectiveness of sodium fluoride than any other chemical compound containing fluoride. Sodium Fluoride has recognized stability. Unlike copper or stannous fluorides, it does not precipitate at the slightly acid to slightly alkaline pH of a dentifrice. Also, the use of sodium salt is the indicated choice since sodium is a normal constituent of saliva and all body tissues.

3. Will Brisk ever stain teeth?

Never, because Brisk is an effective formulation of sodium fluoride. Sodium Fluoride does not form discoloring sulphides, such as occur with copper and stannous fluoride, and which may cause objectionable stains on the teeth or even in the tooth substance.

4. Will Brisk completely eliminate tooth decay?

No. It does, however, move us significantly closer to that ultimate goal of decay-prevention.

5. Why the 'Caution' for children under six?

This is to protect the occasional younger child with unformed teeth who might swallow excessive amounts of dentifrice. Up to six years of age, the enamel of the anterior teeth is generally still forming.

6. Why refer parents, living in fluoride areas, to their dentist concerning the use of Brisk?

Drinking water naturally containing 1.5 ppm fluoride or over, will cause some mottling. The local dentist is familiar with this problem and can

sages say:

citrus so satisfactory

The *high vitamin C content* of citrus helps prevent or correct deficiencies that can lead to impaired tooth development in infancy[3] or serious periodontal disease in later life.[1,2] Citrus fruits are also *detergent foods* which, during mastication, "literally sweep over the teeth, between the teeth and over all the soft tissues, cleansing and stimulating them."[1]

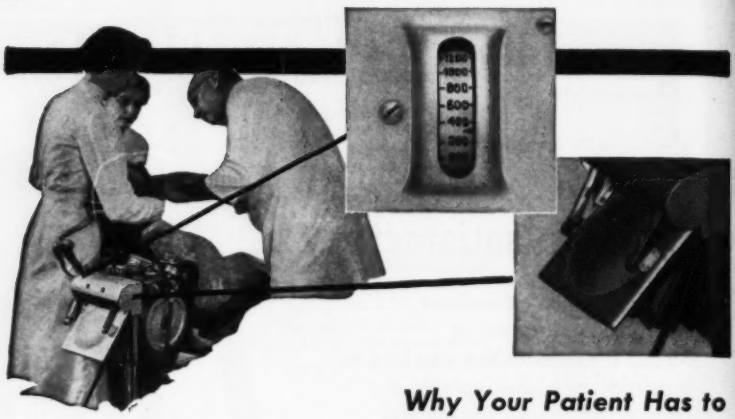
For ORAL HEALTH for young and old. The "citrus snack"—in place of less nourishing refreshments—serves so many purposes . . . in infancy, childhood, adolescence, and pregnancy as well as post-operatively.

Florida Citrus Commission
Lakeland, Florida

1. American Dental Association: Diet and Dental Health. Chicago, 1954, pp. 6-8.
2. Kelsten, L. B.: J. Dent. Med. 10:67, 1955.
3. King, C. G.: J. Am. Dietet. A. 30:13, 1954.

FLORIDA *Citrus*

ORANGES • GRAPEFRUIT • TANGERINES



Why Your Patient Has to Breathe Through His Nose—

INDICATING NARGRAF

With inhaler over nose, atmospheric pressure would normally compel patient to breathe *entirely* through mouth.

But, with Indicating Nargraf, it's improbable.

First, pressure of delivery of gases is greater than atmosphere.

But second, spring-pressure on Rebreather Bellows is also greater!

This constant pressure—both while inhaling and exhaling (if the airway is open)—is your positive assurance that gases are being delivered with every breath!

Since pressure you set on Bellows is shown by a pointer (an exclusive McKesson feature), these Machines have always been called Indicating Nargraf!

A Nargraf Brochure is yours for the asking.

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McKesson APPLIANCE COMPANY
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Anesthesia Machines

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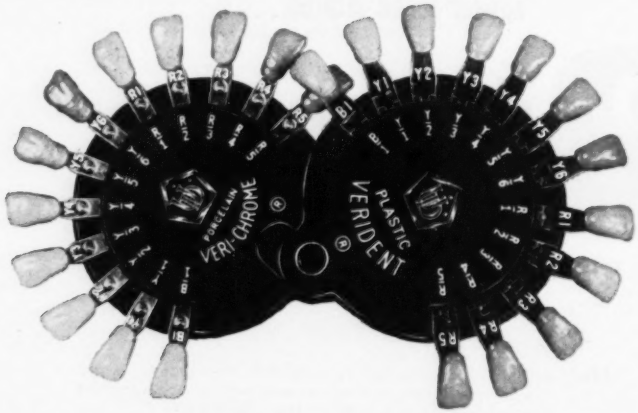
THE GREATEST TOOTH COLOR G

THIS IS THE NEW

VERI-CHROME DUAL-DIAL



SPECIFY W

THE ONLY SINGLE COLOR GUIDE FOR BOTH PORCELAIN AND PLASTIC TEETH

UNIVERSAL DENTAL COMPANY ★ 48th at

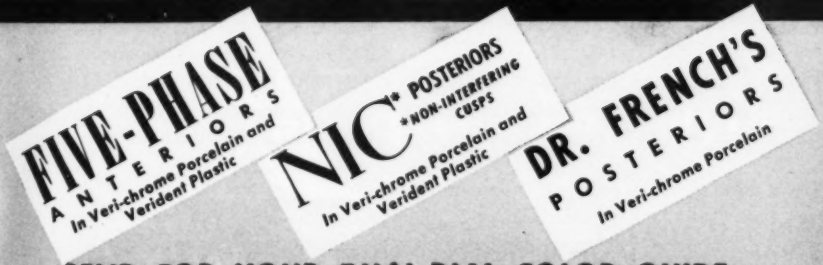
OR GUIDE DEVELOPMENT IN YEARS!

Here at last is a *single* Color Guide for both porcelain and plastic teeth. Now you can quickly dial the correct color selections from a full range of Veri-Chrome Porcelain and Verident Plastic colors.

You will find the Dual-Dial Color Guide by far the most efficient, convenient color selector you have ever used. It will help you convey very definite instructions to your laboratory technicians.

In addition, the Dual-Dial will enable you to apply the time-saving, understandable, accurate Veri-Chrome Color System for selecting and matching both plastic and porcelain tooth colors. ★ ★ ★ ★

CIFY WITH THE VERI-CHROME DUAL-DIAL COLOR GUIDE



SEND FOR YOUR DUAL-DIAL COLOR GUIDE

If you have not already received a Dual-Dial Color Guide, you can very easily arrange to get one by calling your laboratory, the Universal Dealer in your area—or if you prefer, by writing us directly. A Dual-Dial Guide is available for you without charge, of course. Get yours without delay —it's a *wonderful* instrument!

at BROWN STREET ★ PHILADELPHIA 39, PA.

Doctor...

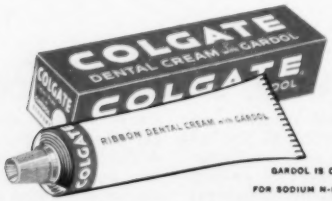
Now—As Always—Colgate Dental Cream Is So Safe You Can Recommend it Even to Your Very Youngest Patients—Without Restrictions or Limitations!

There is no "CAUTION"—no usage restriction—on the Colgate Dental Cream tube or carton. Colgate Dental Cream with Gardol is safe for children of all ages—no matter how young they are or how often they use it. Yes, the Gardol in Colgate's works safely all day, gives even baby teeth a safe protective shield to fight decay with each brushing.

As pioneers in the dentifrice field, the makers of Colgate Dental Cream have been working in close co-operation with the dental profession for over seventy-five years! But Colgate's greatest contribution to oral hygiene, through the years, has been its aid to scientists who are constantly searching for new and better ways to fight tooth decay.

The result is New Colgate Dental Cream with Gardol—the *first* toothpaste with published evidence of effectiveness in caries control for 12 or more hours!

Colgate continues its search for new and better ways to fight tooth decay.



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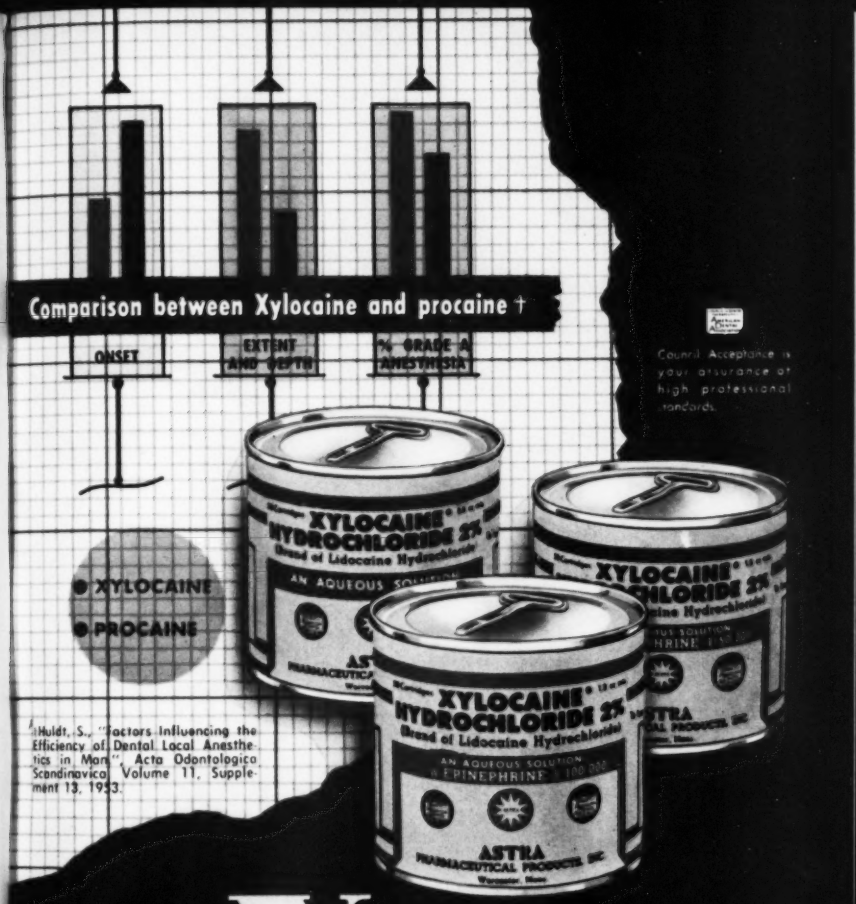

Council Acceptance is your assurance of high professional standards.

†Huldt, S., "Factors Influencing the Efficiency of Dental Local Anesthetics in Man," Acta Odontologica Scandinavica, Volume 11, Supplement 13, 1953.

Xylocaine® HCl

(BRAND OF LIDOCAINE HCl)

a name to remember when anesthesia must be

FAST • DEEP • SAFE • CERTAIN

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To prevent gagging...

when taking X-RAYS and IMPRESSIONS

Xylocaine® Viscous

(BRAND OF LIDOCAINE* HYDROCHLORIDE)

- **QUICK-ACTING**
- **POWERFUL**
- **NON-SENSITIZING**

For effective management of gagging, simply administer one or two teaspoonfuls Xylocaine Viscous (Astra) a moment before inserting X-Ray plate holders or impression trays. Best results are obtained when the patient is instructed to swish the solution around in the mouth for a few seconds before swallowing.

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DU PONT **DENTAL X-RAY NEWS** DU PONT

No. 5

DU PONT "PULL-A-TAB" PACKET—A FAVORITE WITH DENTAL ASSISTANTS

Dental assistants really appreciate the convenience of the exclusive Du Pont "Pull-A-Tab" Packet. And no wonder – this timesaving packet is so easy to open . . . there's no groping or fumbling in the darkroom.

Here's why "Pull-A-Tab" Packets top them all for speed and ease of opening: Just pull the tab, slide out the inner lining, remove the film from the lining, and the film is ready to process. There's never a chance of clipping foil or paper to the hanger with film.

The full line of high-quality Du Pont Dental X-ray Film is supplied in the exclusive "Pull-A-Tab" Packet – Bitewing Film for interproximal examination and three periapical films with a speed range wide enough to meet any x-ray problem.

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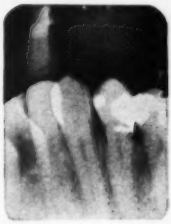
SEND FOR YOUR FREE SAMPLE of Du Pont Dental X-ray Film in the handy "Pull-A-Tab" Packet! You'll also get a useful exposure table for Du Pont Dental X-ray Films and a chart calibrated for use with Du Pont X-ray Developer.

Du Pont, Photo Products Department, 2420-2 Nemours Building, Wilmington 98, Delaware. *In Canada:* Du Pont Company of Canada Limited, Toronto.

HOW TO AVOID POOR RADIOGRAPHS WITH PROPER PROCESSING

What caused the streaks on the radiograph below? Possibly you've never been troubled with such difficulty – since it's due to a dirty film clip.

Film hangers in the dental darkroom deserve special attention because dried fixer has a tendency to dissolve onto films when they're first immersed in developing solution. Besides impairing the diagnostic quality of radiographs, the working life of the developer is reduced.



Even though hangers are thoroughly washed after use, they should have a periodic cleaning. A good way to make sure hangers are chemically clean is to soak them for two hours in a warm (100-120°F.) solution of trypsin and bicarbonate of soda. Here's a good formula to use:

Trypsin . . . . . ⅛ ounce
Sodium bicarbonate . . ⅛ ounce
Water to make . . . . . 1 gallon

After soaking, remove hangers, brush away any adhering gelatin particles from clips and wash hangers thoroughly in running water.

(Note: "Serizyme" can be used in place of trypsin. It's available through Wallerstein Co., Inc., 180 Madison Avenue, New York 16, N. Y.)

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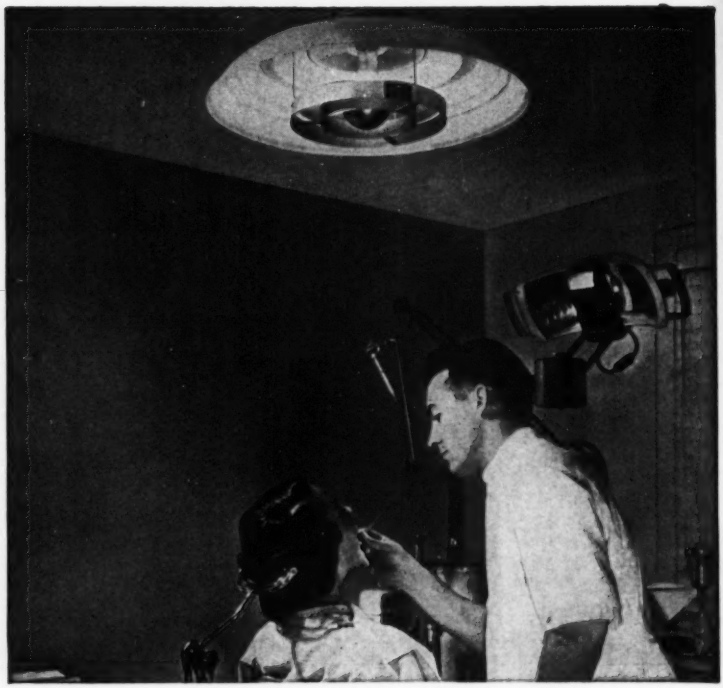
Better Things for Better Living...*through Chemistry*



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The problem of eye-strain—and the resulting fatigue—are not new to any dentist.

Your eyes are important to you now, and just as important 20 years from now. Why not give them the best care possible?

These lights—the Castle GV and PV—are a *matched pair* that cut out strong glare, reduce shadows and contrasts. This makes seeing easier and your day's work less tiring.

Directly overhead, General Vision Light illuminates office and work area. Properly balanced with the PANOVISION, the GV Light keeps room contrasts low and lights your work area with soft, restful lighting.

Multi-beam PANOVISION lamp illuminates oral cavity with diffuse, glareless light. Diverging rays from special Castle reflector give proper *intensity* of light, yet keep shadows to a minimum.

Show yourself how much easier it is working with Castle PV and GV Lights. Phone your Castle dealer for a demonstration and free trial . . . or write for free catalog to:

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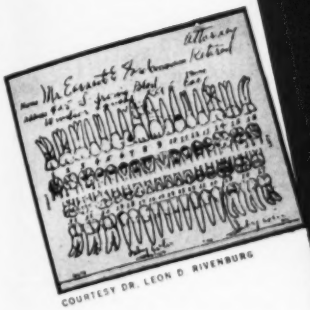

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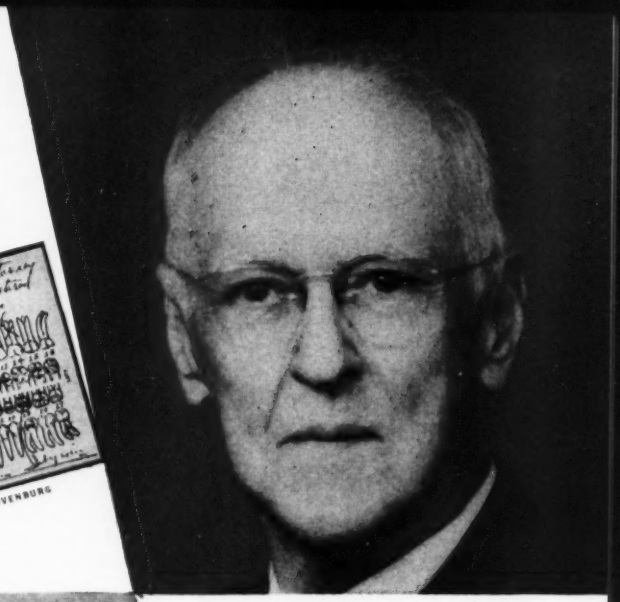

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—and lifelong comfort!

The blessing of dentistry is not merely in relieving pain, but in securing against its recurrence. The longer this security, the more likely its appreciation. And if *lifelong*, its appreciation naturally heightens to keen rejoicing!

Such was the rejoicing of Mr. Earnest E. Ford, of the Los Angeles bar. Though at 15 a victim of rampant caries, at 82 he enjoyed the *full complement* of teeth. So keen was his gratitude for this lifelong comfort of 20 Gold Foils, he volunteered to exhibit them before dental groups, as living testimonials for unfailing service.

What but Gold Foil could save *20* teeth, and then secure their health for *67* years! What but Gold Foil could prompt a thoughtful, conscientious Dr. J. Austin Furfew, after 30 years, to reflect: "No material has served me so well as gold foil. Good dentistry means less dentistry. Oh that people might know the truth."

To get more data about this wonderful material, mail lower portion of this page with your card or letterhead to **Morgan, Hastings & Co.**, 2314 Market Street, Philadelphia 3, Pa. — Established 1820.

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Fast! Safe! Efficient!

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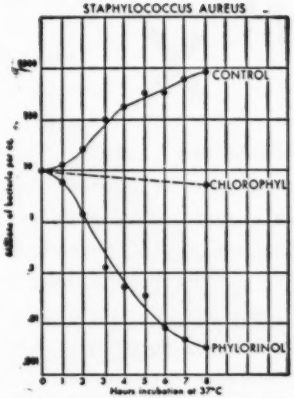
Phylorinol is an antiseptic solution combining iodophenol and chlorophyl, which has been proven many times more effective than either ingredient alone (see chart). It is powerful enough to destroy bacteria quickly, yet so safe that it can be used full strength on delicate orificial tissue. Phylorinol is used in more and more dental schools and hospitals, and is acclaimed by thousands of practitioners as the medication of choice in the control of oral infections. It is non-toxic, non-irritating and non-escharotic. Prove the efficacy of Phylorinol in your own practice. Also prescribe Phylorinol for home treatment to promote rapid healing and immediate oral comfort. No special instruments or skills required. Order a $2.00 8-oz. bottle from your Dental Dealer. Money refunded if not entirely satisfied. Phylorinol is never advertised to the laity.



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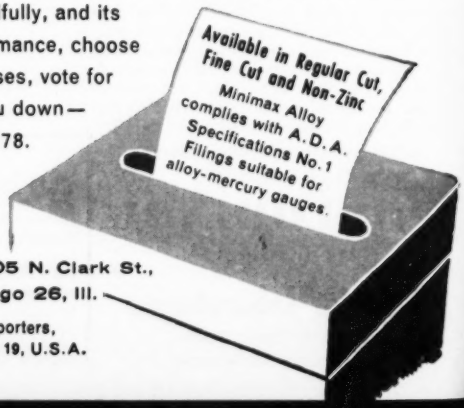
Minimax Alloy No. 178.



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for economy...

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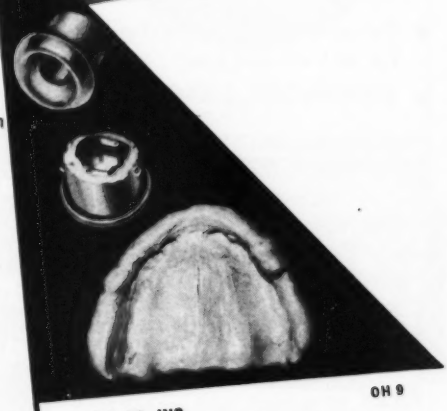

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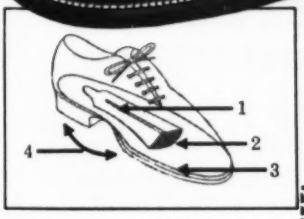

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1. Sud, V.: J. D. Res. 30:19, 1951.
2. Nathanson, I. G. and Morin, G. E.: Oral Surg., Oral Med. and Oral Path. 6:1284, 1953.

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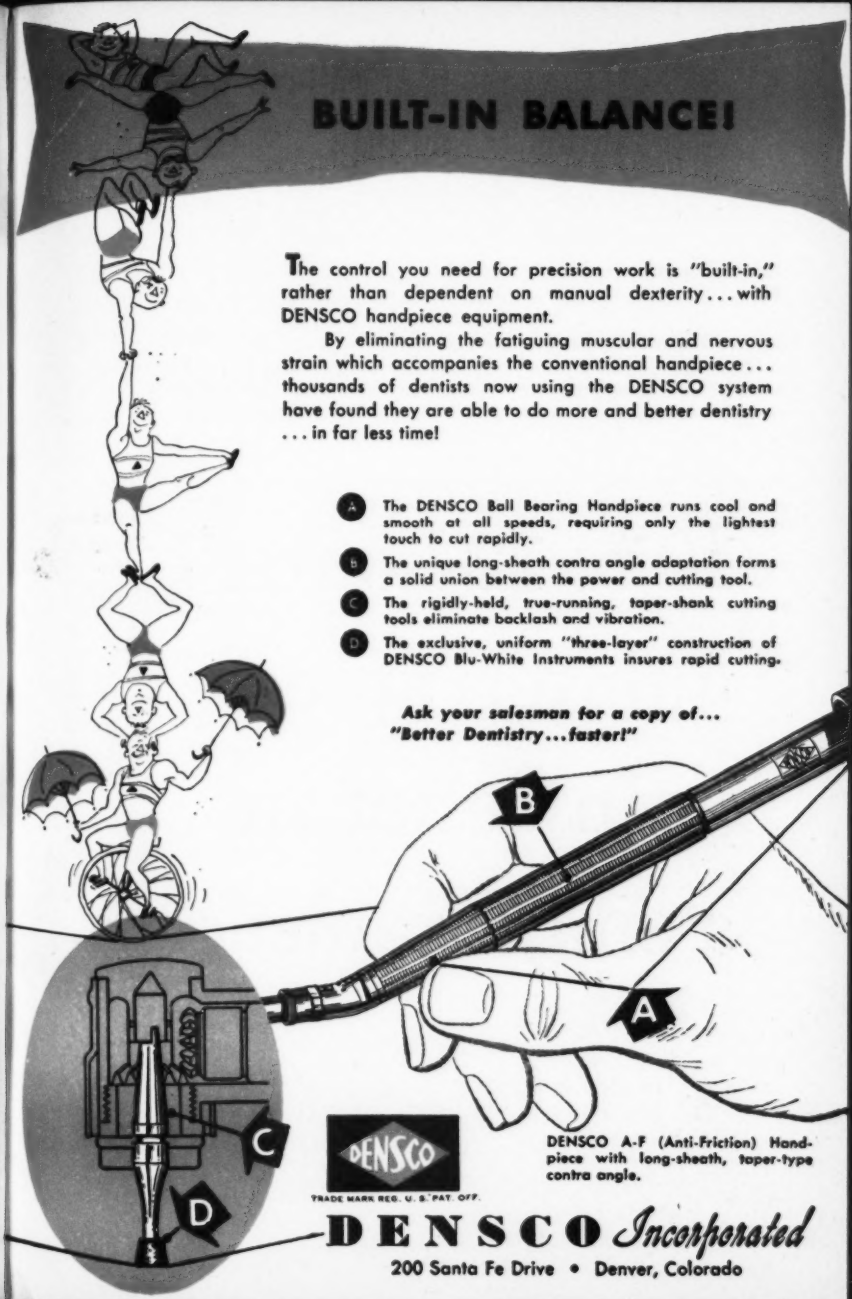

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Hyoscine Hydrobromide..	0.0195 mg.	0.0195 mg.
Phenobarbital	48.6 mg. (¾ gr.)	48.6 mg. (¾ gr.)

1. Goodman, L. S., and Gilman, A.: The Pharmacologic Basis of Therapeutics, N. Y., The Macmillan Co., 1955; p. 127.

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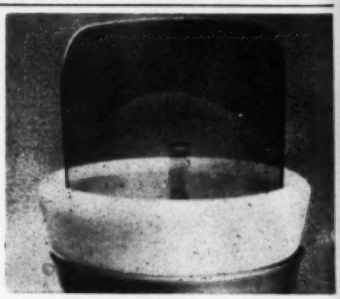

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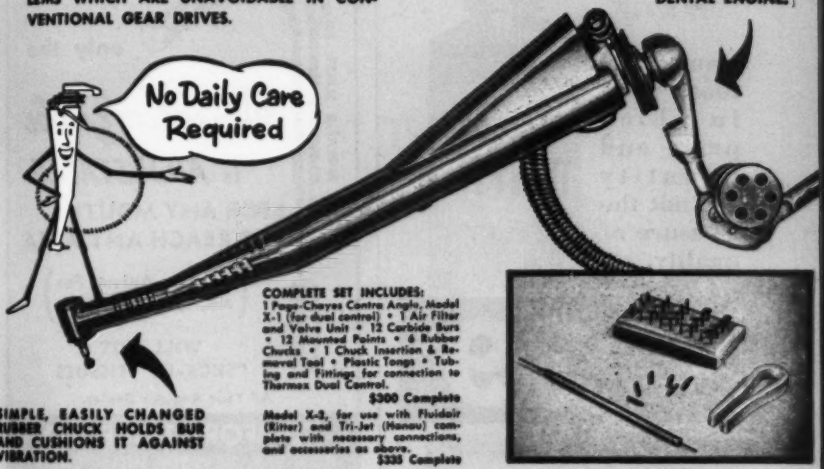

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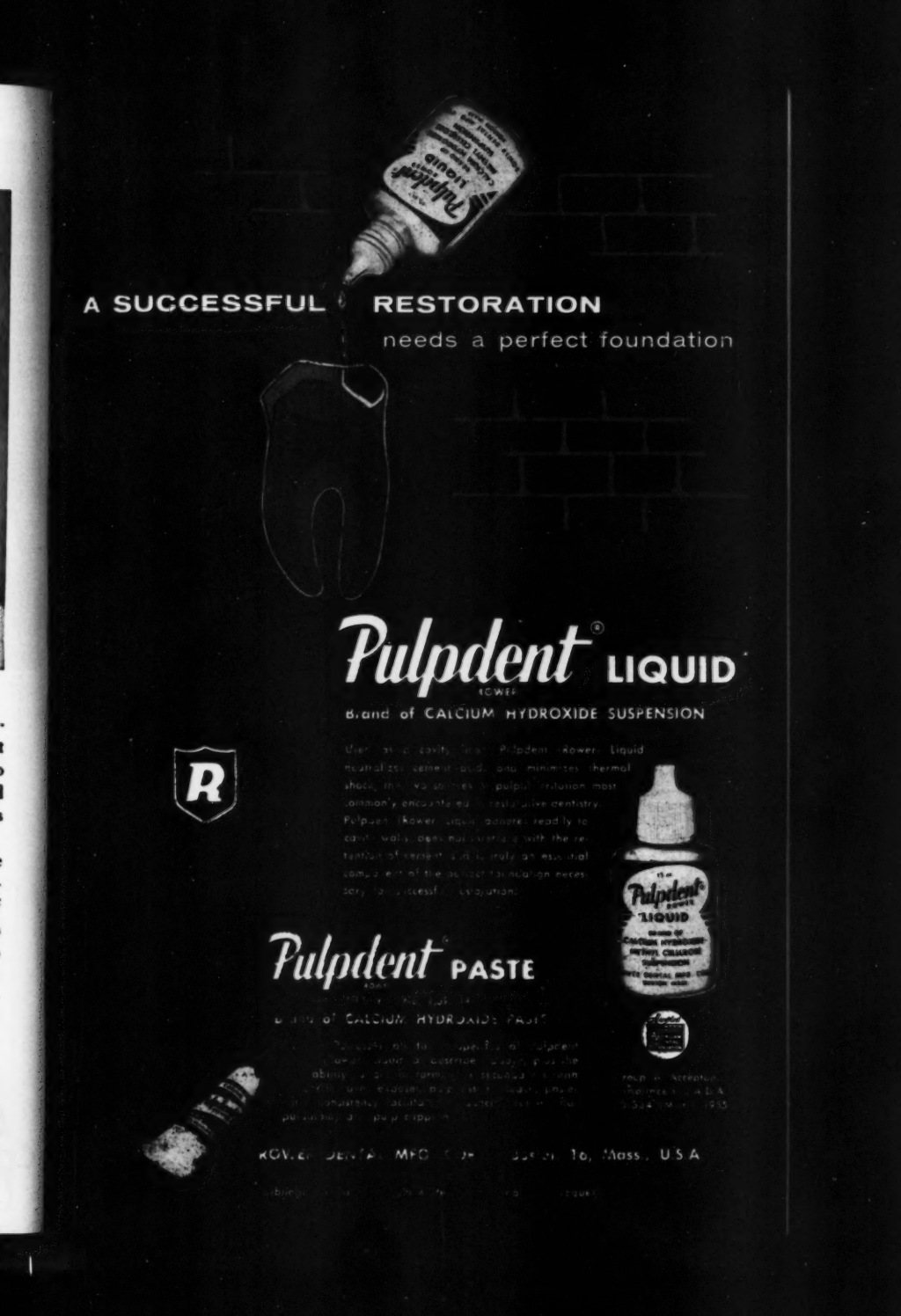
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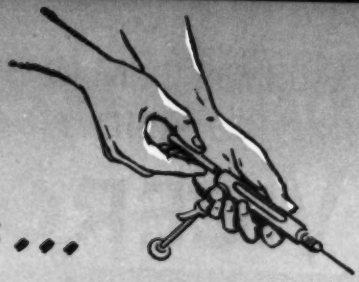

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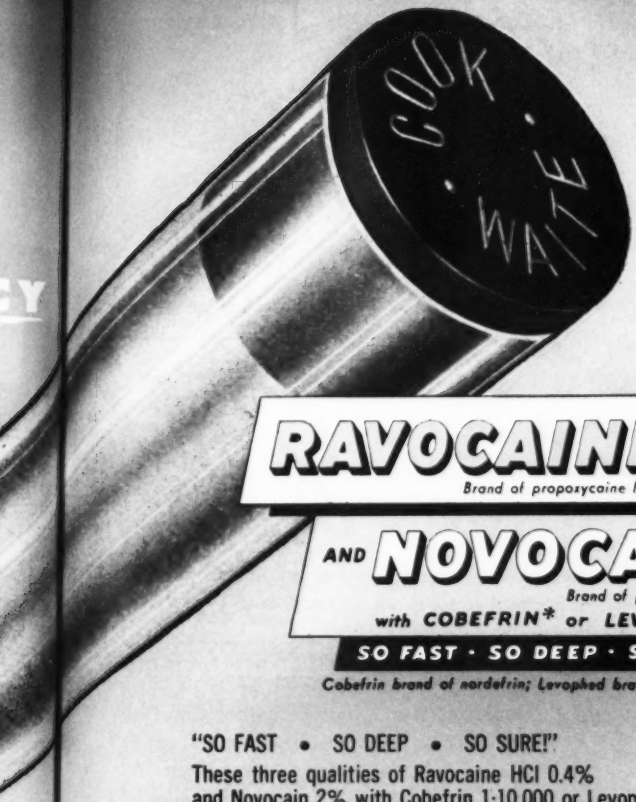

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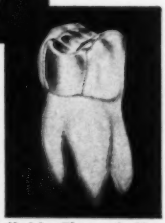

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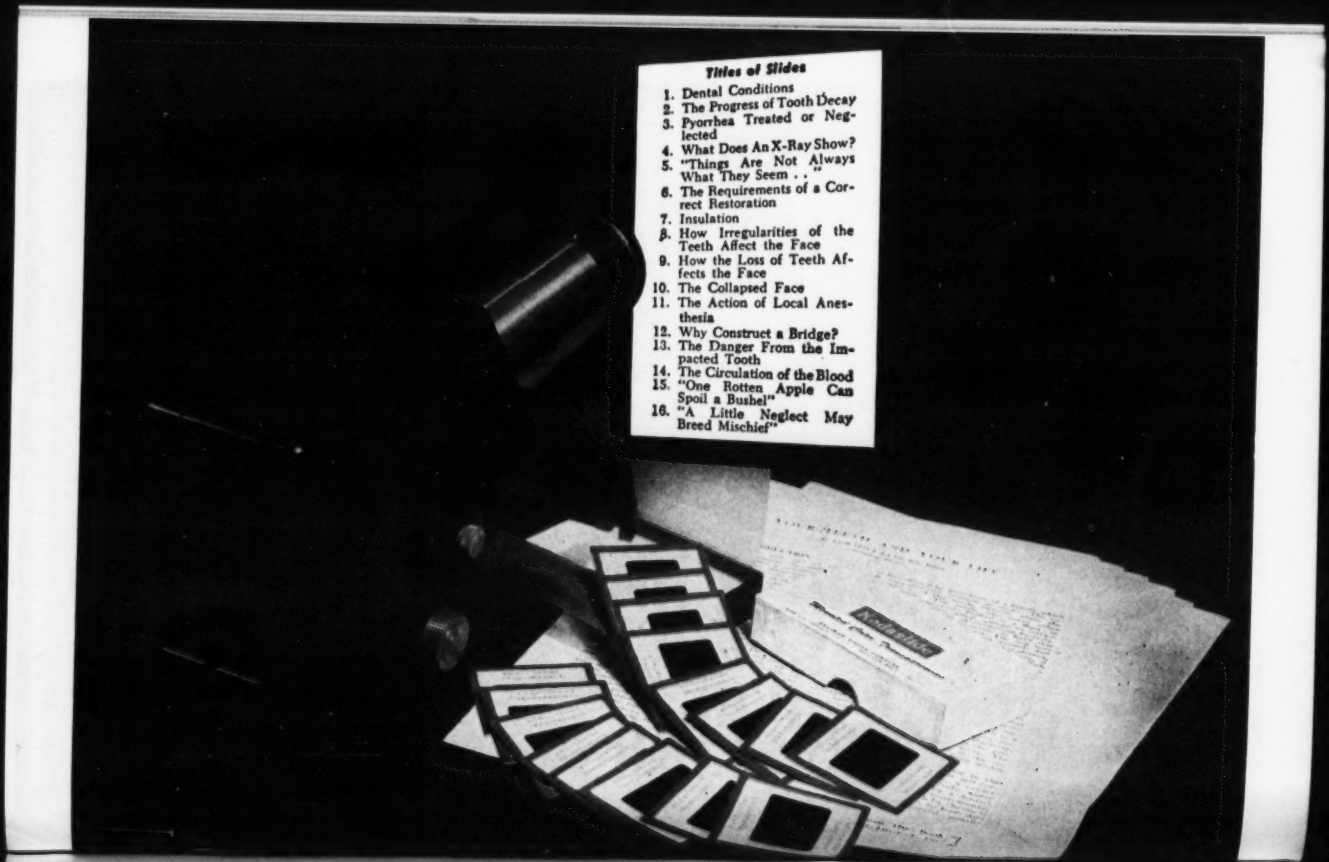

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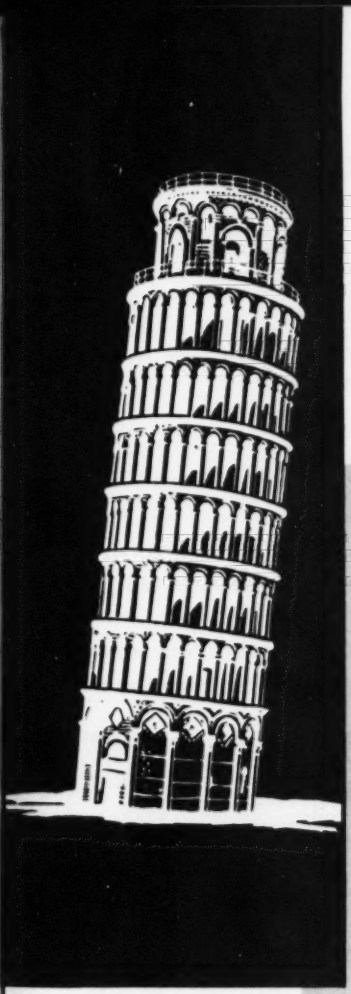

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WASHINGTON, D.C.—Would like to correspond with dentist registered in D.C. who would like to take over established active transferrable practice which nets twelve thousand dollars. Can easily be increased. Unusual opportunity, owner retiring. "GO" Oral Hygiene, Pittsburgh, Pa.

OHIO ASSOCIATE WANTED for well-establ.shed general practice in northwest near Toledo, with full intention of taking over all as soon as well started. Excellent opportunity. "GP" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Complete office equipment including reception room and laboratory. Dental equipment consists of modern Ritter Model E Unit, motor driven chair, x-ray and other like equipment. Dr. Melvin Keeton, 213 Norway Drive, Lexington, Ky.

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FOR SALE: As I wish to retire, a well-equipped air-conditioned office, mostly modern, with all kinds of supplies, low overhead and large territory to draw from. "GS" Oral Hygiene, Pittsburgh, Pa.

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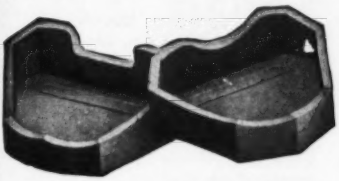


Columbia Rubber MODEL FORMERS

Make Neat Bases on Study Models

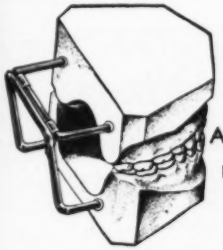
Pour plaster or stone in former; mount anatomical cast and let set. Soft, flexible rubber permits easy removal; model comes out with perfectly-finished, symmetrical base.

Upper and lower models can be made in these formers to occlude automatically.

Price per set—1 Upper & 1 Lower

No. R1X—Jumbo Size	$4.75
No. R1 —Large Size	4.00
No. R2 —Medium Size	4.00
No. R3 —Small Size	3.00

Study models show patients their mouths as you see them. Make study models regularly. You need them as you do X-Rays.



Columbia STUDY MODEL ARTICULATOR

Made of sturdy 1/8" diam. Nickel-Silver Rod.

To mount models, drill 4 holes (template and drill supplied); attach prongs with sticky wax. To remove, heat prongs and pull out; casts are unmarred. These articulators may be used repeatedly.

Cat. No. 805—4 Columbia Study Model Articulators with Template and Drill	**$3.00**
Cat. No. 806—Extra Articulators ea.	**.60**

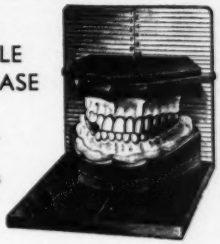
Columbia "MODEL GLOSS"

Adds a Smooth, Lustrous Finish to Stone or Plaster Models. Makes Them Washable

Cat. No. MG-1—1-quart size only $2.00

Columbia RIGHT-ANGLE MOUNTING BASE

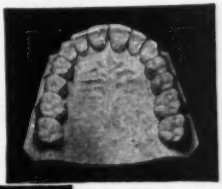
For Dentists desiring greater accuracy in mounting models than is possible by eye

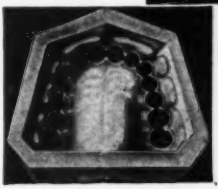


Calibrations on vertical plane help determine height of base needed for harmonious proportions between base and anatomic part of model. Center line facilitates centering anatomic cast on base.

Black Bakelite Base; Stainless Steel Scale.
Cat. No. RA-1—Price—$3.75

Columbia RUBBER DENTOFORM MOLDS





Make Demonstration MODELS from SURPLUS PLASTER

Better than Sketches to Explain Cases

Instead of wasting surplus plaster pour it into the mold. If not enough, add next excess mix, first wetting the set plaster. To make models with Ivorine abutments, insert Ivorine Teeth into mold before pouring.

per Set of 1 Upper & 1 Lower Mold

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No. R22—Set with 3rd molars	**5.00**
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Ivorine Teeth ea.	**.65**

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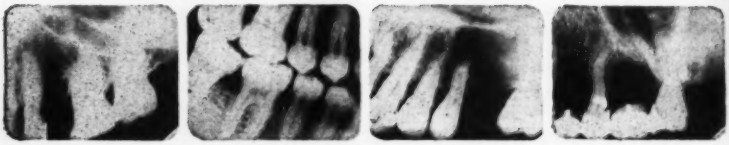

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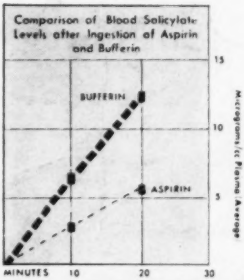

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